Sawa private university

College of health and medical technology

fourth class

3rd eye disease lecture

Lid Malposition – Entropion, Ectropion & Ptosis

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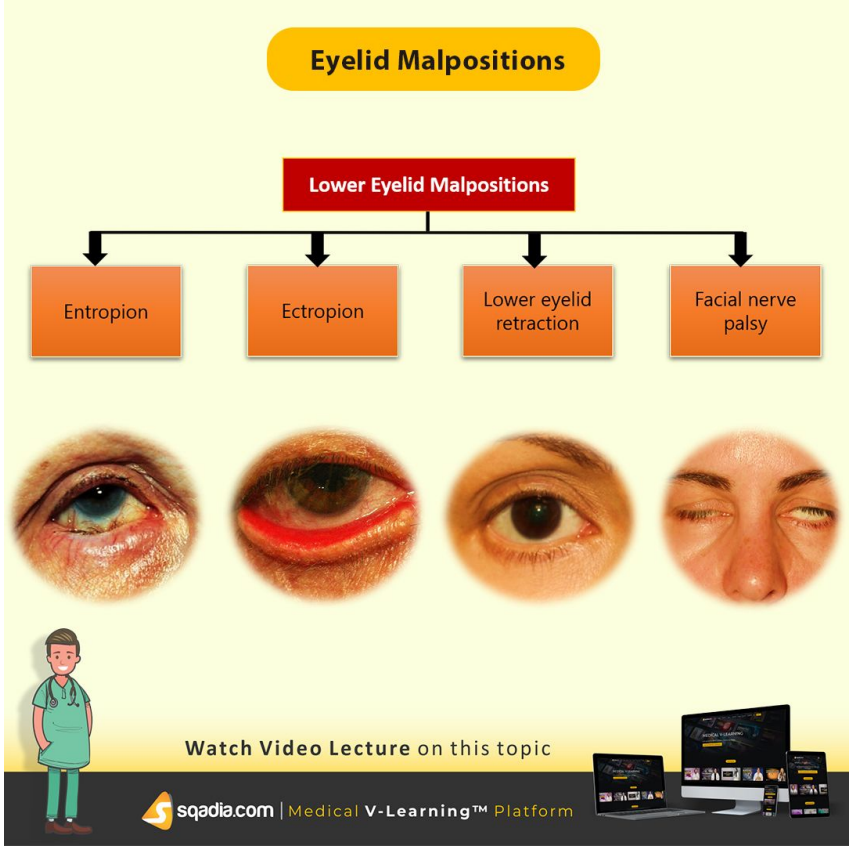
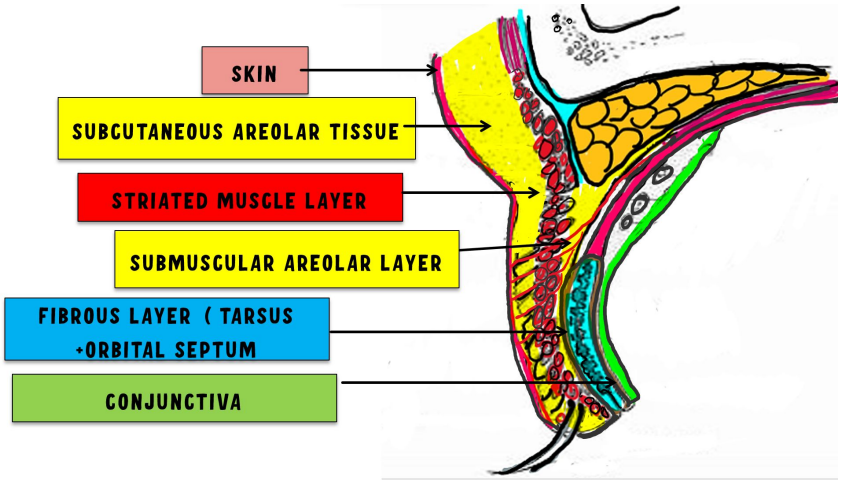
Introduction

- • **Eyelids protect ocular surface**
- • **Spread tear film**
- • **Contribute to facial expression**
- • **Malposition disrupts protection → irritation, exposure, vision issues**



Anatomy of Eyelid

- • Layers: Skin, orbicularis oculi, tarsal plate, conjunctiva
- • Levator palpebrae superioris: elevates upper lid
- • Müller's muscle assists elevation (sympathetic)
- • Orbicularis oculi: closes lids
- • Canthal tendons: support position

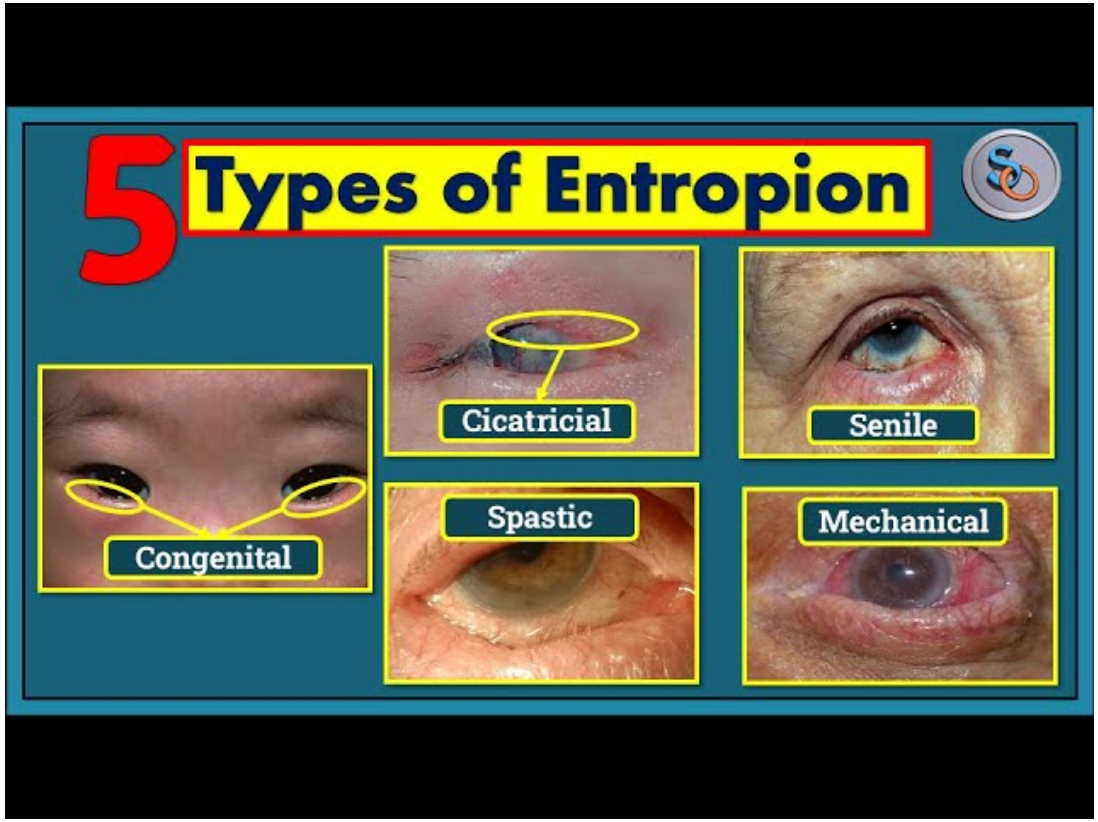


Overview of Lid Malpositions

- Malposition = abnormal lid position
- Common clinical conditions:
  - Entropion (inward turning)
  - Ectropion (outward turning)
  - Ptosis (drooping of upper lid)

Entropion – Types

- • Involutional (senile): age-related laxity
- • Congenital: rare, abnormal development
- • Cicatricial: conjunctival scarring

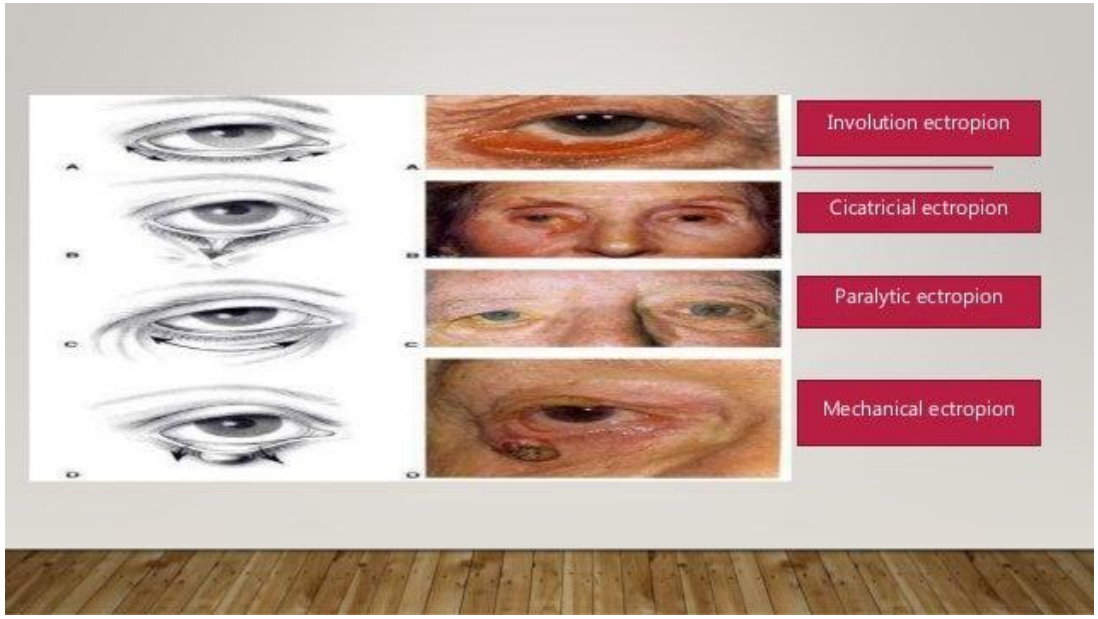


Entropion – Features & Management

- Features: inward lid, lashes rub cornea → irritation, corneal ulcer risk
- Management:
  - Lubricants, shields (mild)
  - Surgical correction (definitive)

Ectropion – Types

- • Involutional: most common, age-related laxity
- • Cicatricial: scarring (burns, trauma)
- • Paralytic: facial nerve palsy
- • Mechanical: tumor/mass pulling lid



Ectropion – Features & Management

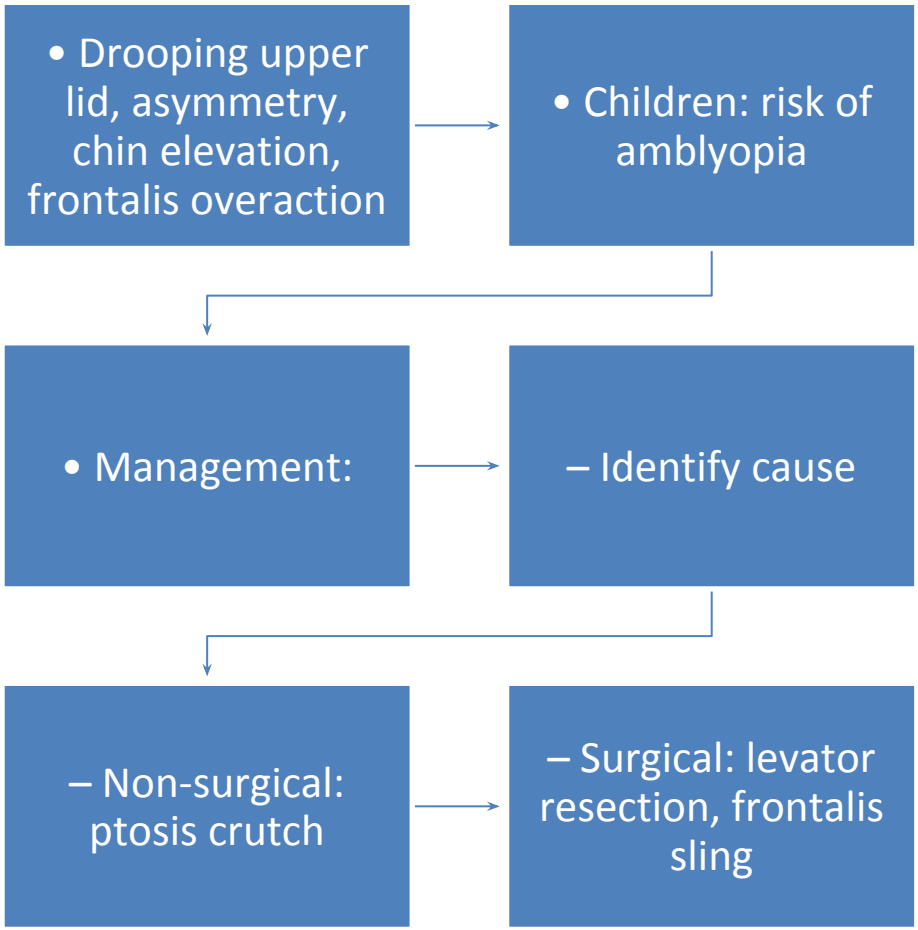
- Outward lid margin → conjunctival exposure, dryness, redness, epiphora
- Punctal eversion → impaired drainage
- Management:
  - Lubricants, shields
  - Surgery: lateral tarsal strip, grafts, weights

Ptosis – Types

- • Congenital: levator dysfunction
- • Aponeurotic: senile, levator aponeurosis dehiscence
- • Neurogenic: CN III palsy, Horner's syndrome
- • Myogenic: myasthenia gravis, dystrophy
- • Mechanical: lid mass, scarring

Normal Eyelid (a)	Referable Ptosis (b)			Exclusion(c)
	Mild	Severe	Pseudoptosis	
				
No Ptosis	Mild Ptosis	Severe Ptosis	Dermatochalasis	Upper Eyelid Retraction

Ptosis – Features & Management



Clinical Case Scenarios

Case 1: 72M with tearing, lashes rub cornea → Involutional Entropion

Case 2: 65F with watery eyes, punctum everted → Ectropion

Case 3: 7M with congenital drooping lid, risk of amblyopia → Congenital Ptosis

Sample MCQs

Q1. Most common entropion type? → Involutional

Q2. Paralytic ectropion cause? → CN VII palsy

Q3. Ptosis in Horner's due to? → Müller's muscle

Q4. Serious entropion complication? → Corneal ulcer

Q5. Tx for congenital ptosis with poor LPS? → Frontalis sling

Review & Summary

- • Entropion: inward turning, lash-cornea contact
- • Ectropion: outward turning, exposure & tearing
- • Ptosis: drooping lid, risk of amblyopia in children
- • Management: varies from lubricants to surgery
- • Key skill: recognize type, cause, and complications