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Research Institute of Ophthalmology

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ROYAL MAXIM PALACE KEMPINSKI, CAIRO

BASIC ASSESSMENT OF A CASE OF PTOSIS

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Basic Assesment of a Cae of Ptosis

- History
- Observation
- Complete ophthalmic assessment (V.A, Ant & Post seg)
- Pupil & EOM
- Ptosis assessment & Measurements
- Management

History

- Onset, Course , Duration
- Congenital Or Acquired…old PHOTOS..Congenital Does Not Mean That Pt Is Child!
- Trauma
- Allergi Conjunctivitis
- Family History, Herediary Ptosis, Blepharophimosis, Ocular Myopathies.
- Variability, e.g.Time Of The Day, Progression
- Systemic Diseases : HTN, DM, Stroke, Ischemic Ht Disease, Anticoagulant Medication
- History Of Previous Surgery Or Local Ttt : Botox
- Associated Symptoms: Jaw Winking, Diplopia, Aberrant 3rd Nerve Regeneration Syndrome

Drugs that have been reported to induce Ptosis

adenine arabinoside
adrenal cortex injection
alcohol
aldosterone
allobarbital
amobarbital
amodiaquine
aprobarbital
aurothioglucose
aurothioglycanide
barbital
betamethasone
butabarbital
butalbital
butallylonal
butethal
carbon dioxide
carbromal
chloral hydrate
chloroquine
cocaine (?)
cortisone
cyclobarbital
cyclopentyl allylbarbituric acid
cyclopentobarbital
desoxycorticosterone
dexamethasone
dextrothyroxine
digitalis
dimethyl tubocurarine
diphtheria and tetanus toxoids and pertussis (DPT)
disulfiram (?)
fludrocortisone
fluorometholone
flu-prednisolone
F3T
gold Au-198
gold sodium thiomalate
heptabarbital
hexethal
hexobarbital
hydrocortisone
hydroxychloroquine
idoxuridine
isocarboxazid
isosorbide dinitrate (?)
loxapine
measles virus vaccine (live)
medrysone
mephenesin
mephobarbital
metharbital
methitural
methohexital
methyl alcohol
methylpentynol
methylprednisolone
metocurine iodide
nalidixic acid (?)
nialamide
opium
oral contraceptives
paramethasone
pentobarbital
phencyclidine
phenelzine
phenobarbital
phenoxybenzamine
prednisolone
prednisone
pyrimidone
probarbital
secobarbital
succinylcholine
sulthiame
talbutal
tetraethylammonium
thiamylal
thiopental
tolazoline
tranylcypromine
triamcinolone
trichloroethylene
trifluorothymidine
tubocurarine
vidarabine
vinblastine
vincristine

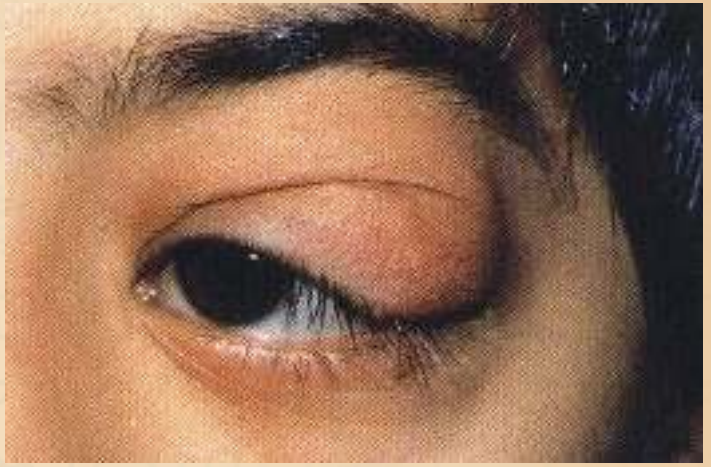
Observation

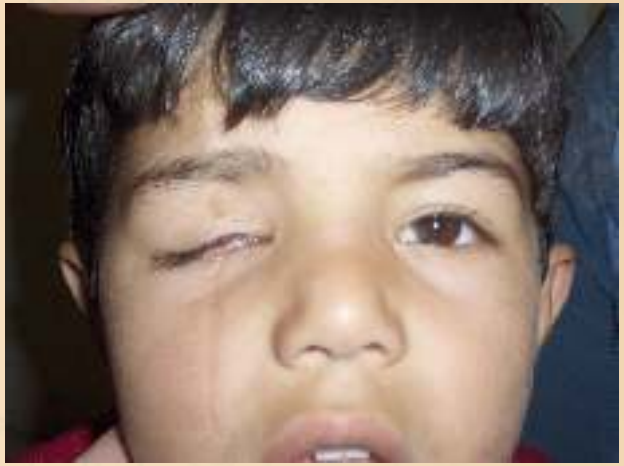
- Mechanical: Tumours.
- Signs of Old Trauma or Previous Surgery
- Abnormal Head Posture
- Pseudo ptosis :

i. Enophthalmos → prothesis,

ii. Dermatochalasis

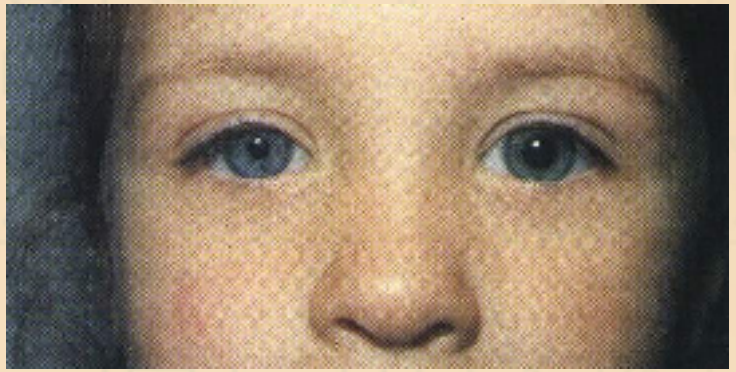
- Hypotropia





Complete Ophthalmic Assessment

- V.A..Risk of amblyopia, V F defect in senile
- Anterior and post seg.



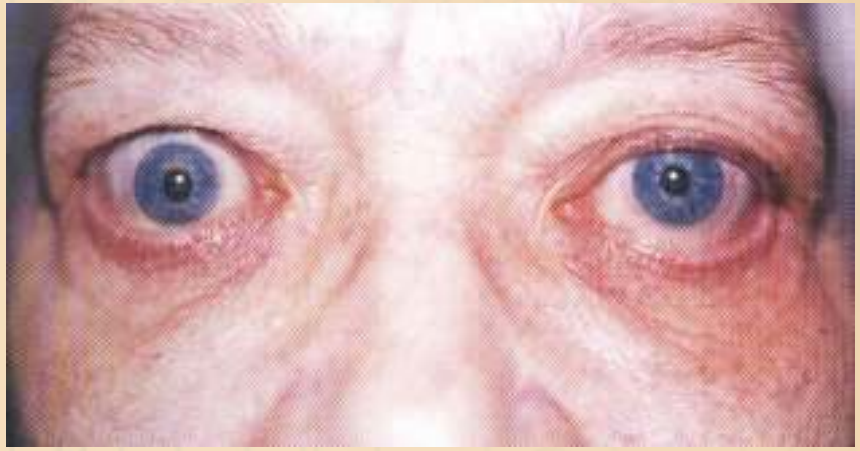
- PUPIL: (3rd Nerve, Horner)

- EOM: Hypotropia,3rd or 4th nerve, …

Which of which is Abnormal?

Compare lid levels

- Usually upper lid cover 1-2 mm of the upper limbus.
- Lt Pseudo ptosis due to Rt UL retraction



Ptosis Assessment & Measurements

- Rules of Measurements

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PT ..DISTANT FIXATION

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PT AND EXAMINER ARE SAME LEVEL

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Plastic transparent ruler

comparison

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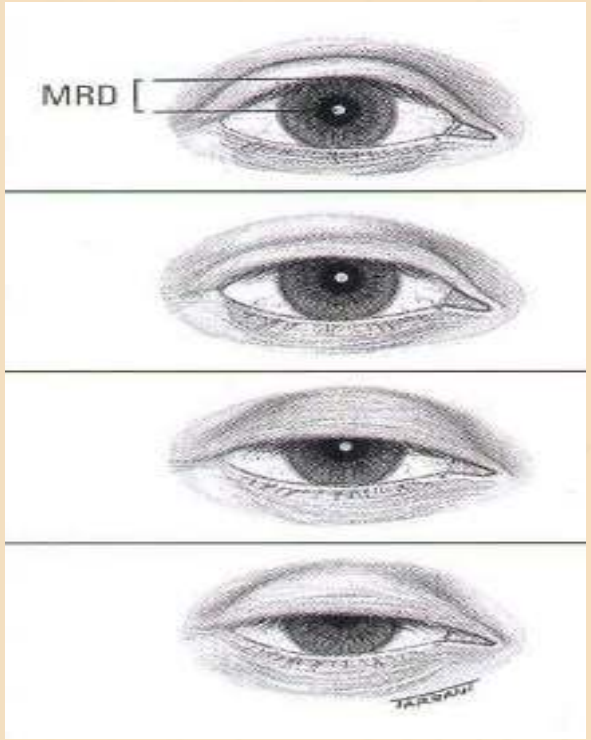
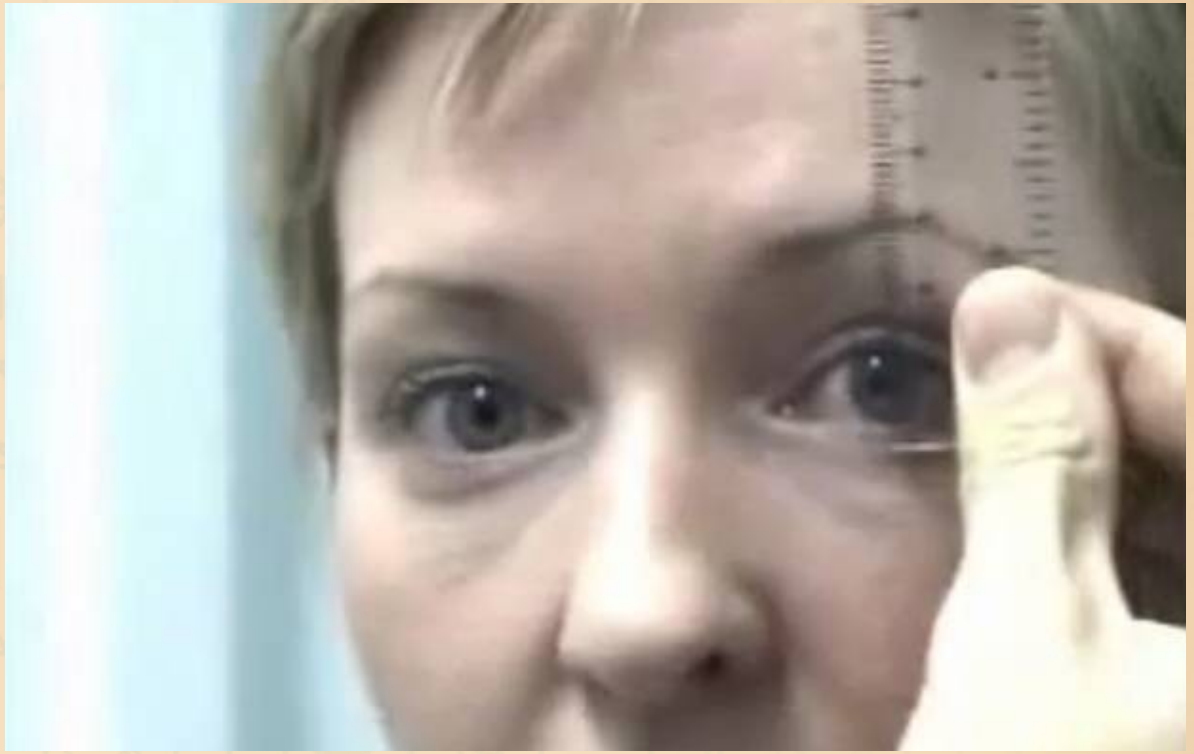
Measurements

- MRD (Marginal Reflex Distance)
- PFH (Palpepral Fissure Height)
- L.F (Levator function)
- Skin Crease Height

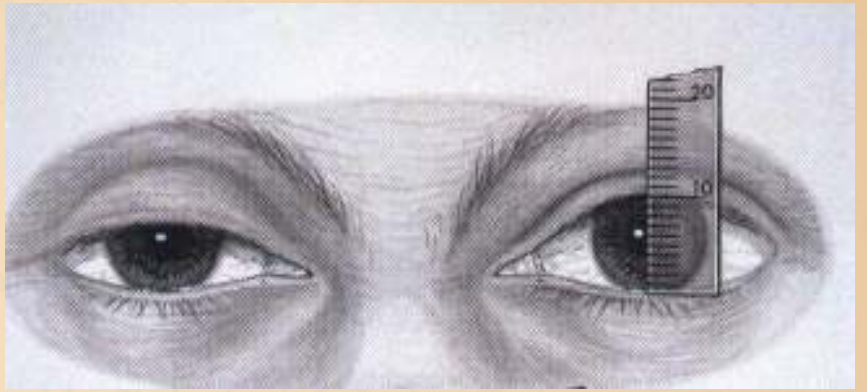
MRD ……about 4 mm





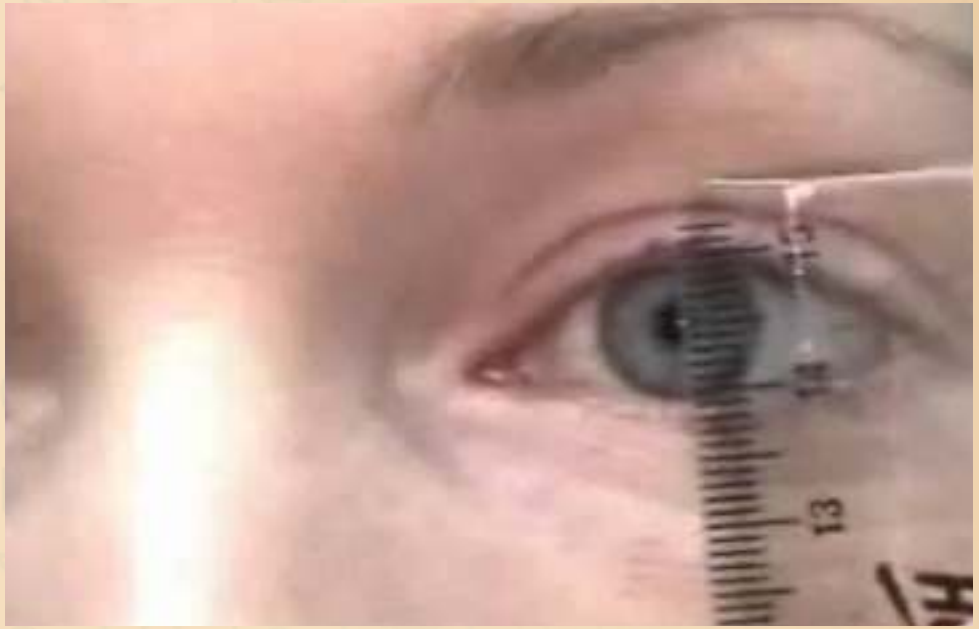
PFH about 10 mm

- In pupillary plane



- Difference same as MRD

(e.g. MRD 2 & 4 and PFH 8 & 10)



- If not → LL Asymetry.
- LL covers 1mm of limbus

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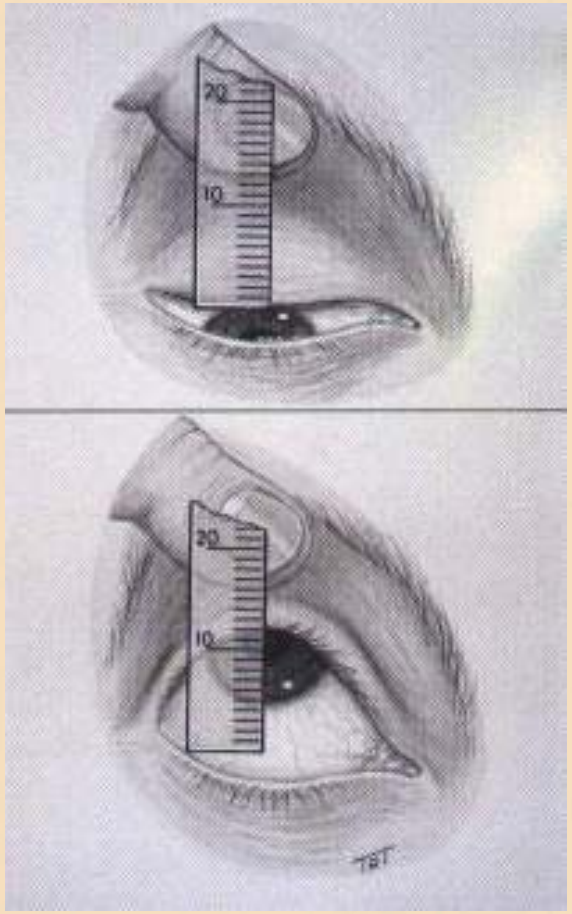
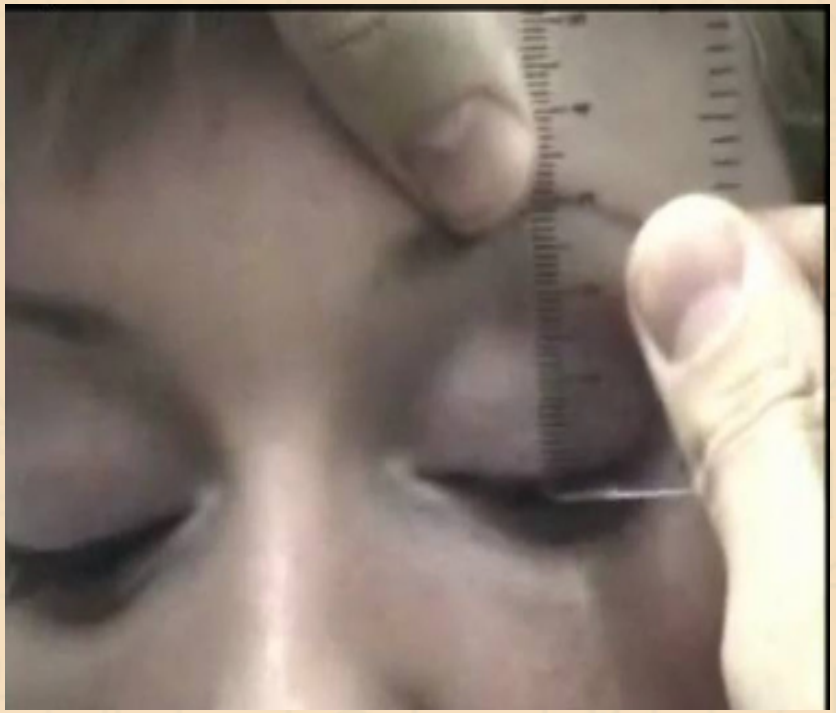
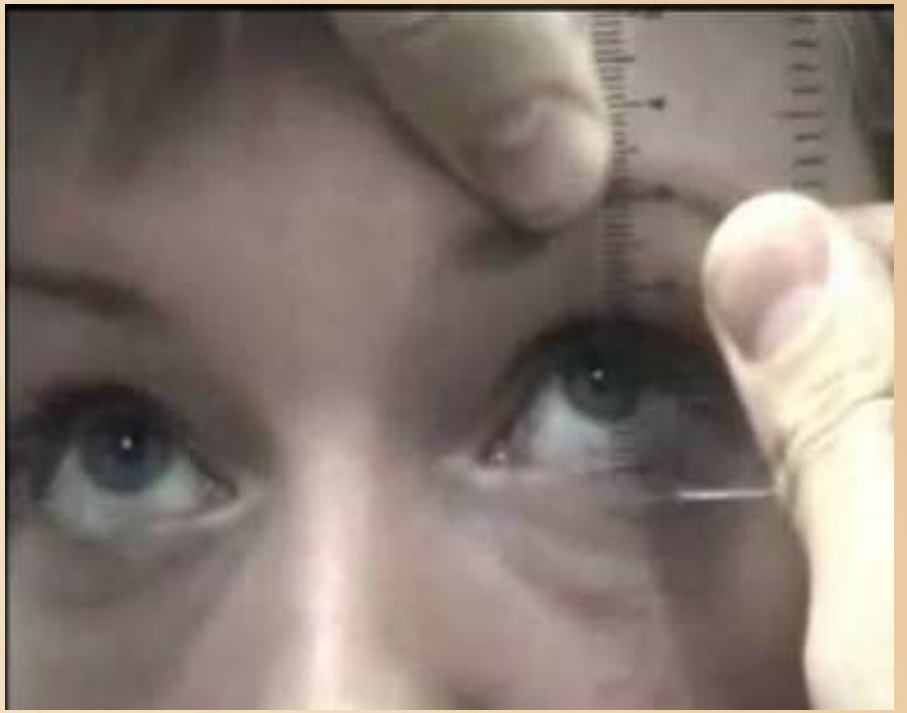
Levator Function. (15-18 mm)







- **Good** (more than 10 mm), **Fair** (5- 10 mm), **Poor** (4 mm or less)

TAKE CARE!

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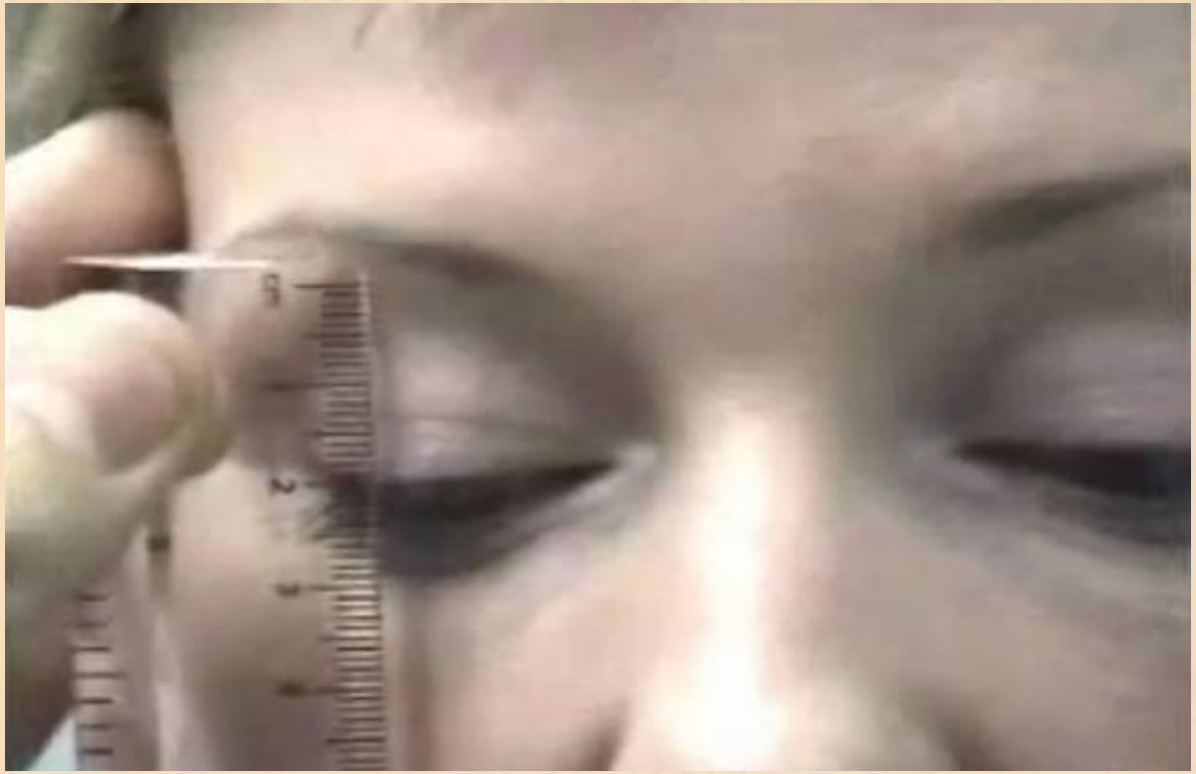
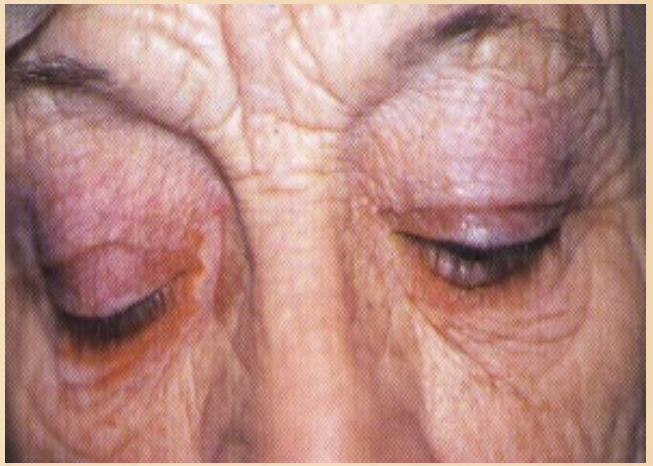
SKIN CREASE HEIGHT



- **Skin Crease.**

➢High crease in aponeurotic ptosis.



➢Depth of the crease is a guide to the probable levator function in a child too young to cooperate.

Check for Protective Mechanisms

- **Bell’s phenomenon**

- Corneal Sensation

Exclude M.G

- Fatigueability.
- Cogan twitch sign.
- Ice Bag Test.

- Hering Law for Unilateral Cases

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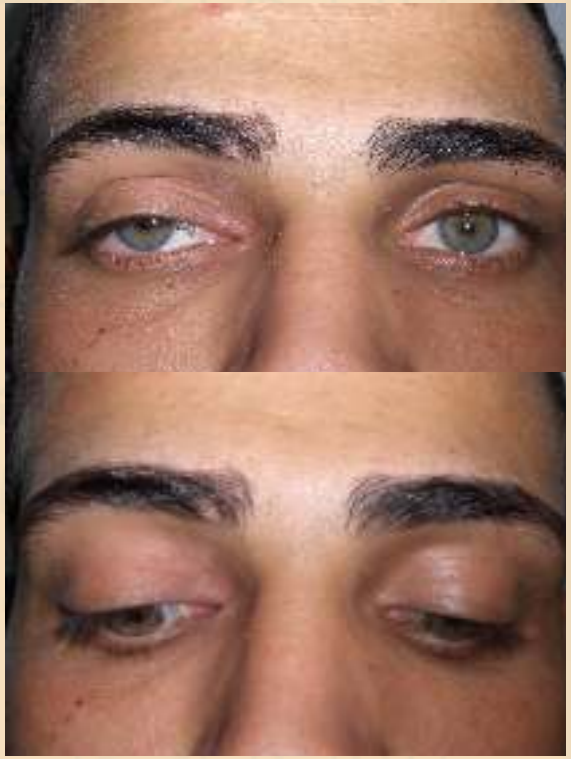
Congenital (Dysgenetic) vs Senile (Aponeurotic)

- The Dysgenetic Muscle in Congenital ptosis neither relax nor contract properly.

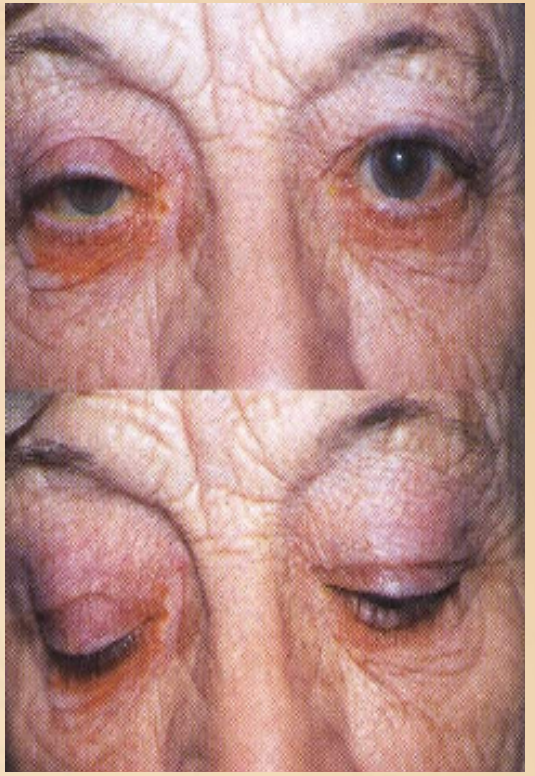
- Lid lag on down gaze.

  Congenital



- No Lid Lag

  Senile



Dysgenetic vs Aponeurotic

- Dating since birth.
- Skin crease faint , may be abscent.
- Levator F. reduced
- Lid lag on down gaze.
- +/- Amblyopia.
- +/- Associated with SR weakness, Jaw winking, Blepharophimosis.

- Usually acquired.
- Skin crease High,Multiple
- Levator F. Usually Good
- Lid remains lower.
- Not reported.
- +/- Dermatochalasis or Allergy

MANAGEMENT

- Surgery or Not
- TIME OF SURGERY
- TYPE OF SURGERY
- POST OP CARE
- COUNCELLING

Surgery or Not

- Mild cases.. Reassurance, Fu
- Moderate to Sever ..Surgery
- Special cases ..Special Management..eg MG and Blepharophimosis
- Senile .. Functional or Cosmetic

Time of Surgery

- Risk of Amblyopia: …Urgent intervention

  Astigmatism..Anisometropic

  Closure of pupil.. Sensory Deprivation

  Abnormal Head Posture , Chin Lift

- No Risk of Amblyopia?? Pre School Age (6 now 4) or Once Discovered??

Type of Surgery

- L.F. 5 or more..Levator surgery (Resection or Tucking)
- L.F > 5 ?? Sling..Disection and trial??

COUNCELLING

- Risk of Exposure
- Lagophthalmos
- Post op care
- Over or Undercorrection
- Possibility of Redo
- Scars & Type of Surgery
- TIME OF SURGERY
- Hering Law

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CONCLUSION

- HISTORY
- OBSERVE
- COMPLETE OPHTHALMIC ASSSEMENT
- EXCLUDE DANGEROUS CAUSES (PUPIL, EOM, 3RD N, HORNER, TRAUMA)
- PROPER MEASUREMENTS.. AFFECT THE DECISION
- AMBLYOPIA IN CHILDREN
- COUNCELLING
- SURGERY
- POST OP CARE

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THANK YOU

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