Ptosis

Ptosis is *drop*, without further specification, usually a *drop of the eyelid* (blepharoptosis). By *eyelid ptosis* we mean the condition where the eyelids reach the pupil / partially cover it + interfere with vision.

Cause

Disorder of innervation of n. III (n. oculomotorius) or disorders of levator palpebrae sup.

Congenital ptosis

- it is more often bilateral with the disappeared orbitopalpebral groove; caused by hypoplasia, dystrophy or aplasia of the levator palpebrae sup. or a congenital disorder of III.

Acquired ptosis

- most often of neurogenic origin (after aneurysm rupture, head trauma, polyneuropathy in DM); ptosis is complete with closed eye socket, mobility is limited.

Types

1. **myogenic** - mostly as a congenital defect, otherwise in dystrophies, myasthenia gravis (usually the first symptom, changes during the day), sympathetic disorder (removable by adrenaline);
2. **neurogenic -** oculomotor nerve lesions;
3. **mechanical** – damaged motility of the lid due to its excessive weight or scarring of the conjunctiva;
4. **postoperative** – sometimes after retrobulbar injection;
5. **traumatic**.

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Note: *Horner's syndrome* = eyelid ptosis + miosis + enophthalmos (caused by paresis of the cervical sympathetic nerve)

Diagnostics

The general examination (habitus) is important, the position of the head (bilateral ptosis – tilting of the head), the increase in wrinkles on the forehead (strain of the frontalis muscle) is important, we observe whether the ptosis changes depending on the chewing movements; for an accurate assessment, we measure the height of the eye slits, the distance of the edge of the lid from the pupil and the changes when looking up and down. We evaluate the degree of ptosis of the eyelid (drop 2 mm = mild, 3 mm = moderate, 4 mm = severe) + excursion of the levator palpebrae sup..

Therapy

Therapy consists of **surgery** - it depends on the functionality of the muscle (when it is not - connecting the lid to the frontalis muscle using the fascia lata).

- shortening of the lid (e.g. operation according to Fasanella-Servato)
- levator lid resection from the conjunctival approach
- levator lid resection from a percutaneous approach
- lid hinge for eyebrow lifters (e.g. Reese-Burian surgery)

A common problem is achieving symmetry.

Links

Related Articles

- Disturbances in the position of the eyelids
- Horner's syndrome
- Facial nerve palsy

Recommended Literature

- ROZSÍVAL, Pavel. *Oční lékařství.* 1. edition. Galén, Karolinum, 2006. 373 pp. ISBN 80-7262-404-0, 80-246-

1213-5.

- KOLÍN, Jan. *Oční lékařství.* 2. edition. Karolinum, 2007. 109 pp. ISBN 978-80-246-1325-3.
- – MĚŠŤÁK,. *Úvod do plastické chirurgie.* 1. edition. Univerzita Karlova v Praze - Nakladatelství Karolinum, 2005. 125 pp. ISBN 80-246-1150-3.