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Disorders of Lid

Department of Ophthalmology

Learning Objectives

- **At the end of this class the students shall be able to :**
- Understand the structure and function of the eyelids
- Recognize common diseases of the eyelids
- Comprehend the principles of managing eyelid diseases

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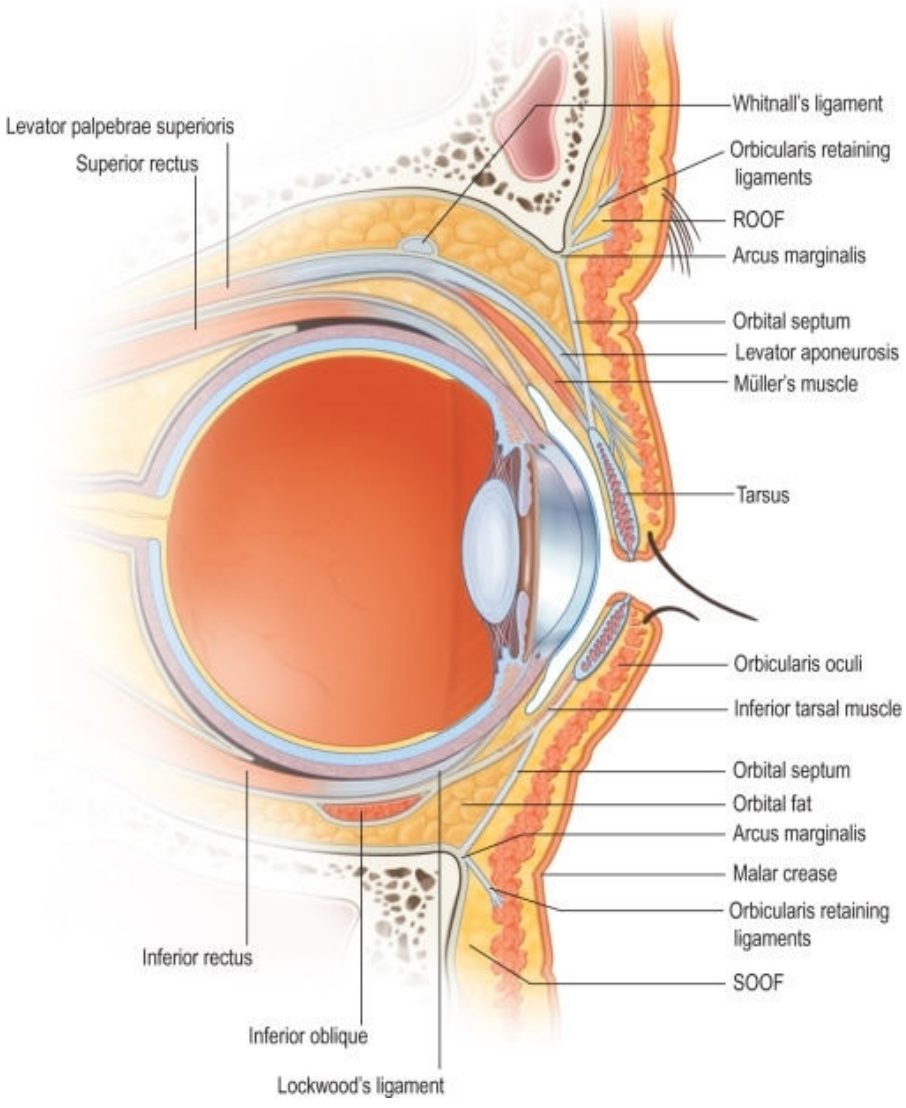
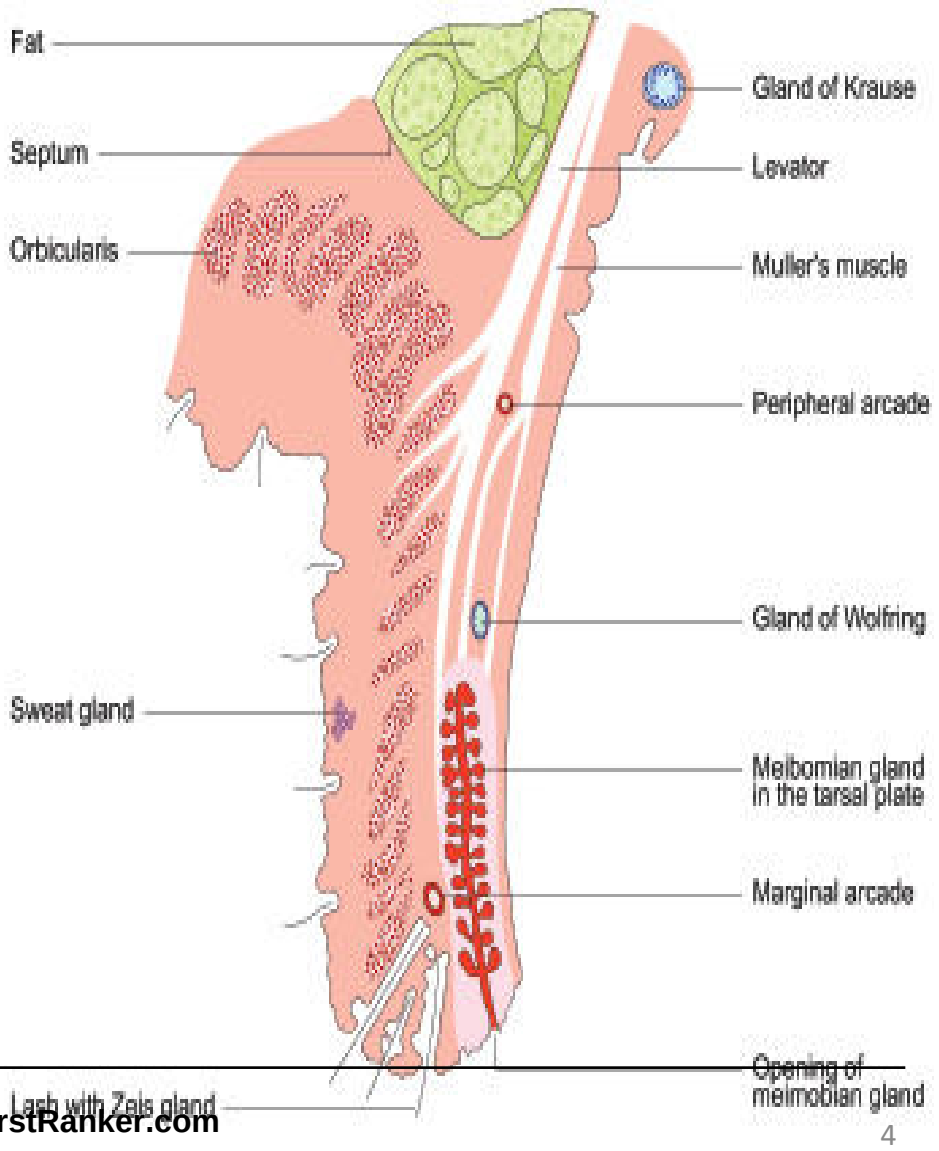
The eyelids



- Mobile structures placed in front of eyeballs.
- Protect eyes
- Spread tear film
- Help in tear drainage by lacrimal pump system

Structure of eyelids

- The skin- elastic and thin
- Subcutaneous areolar tissue- very loose, does not contain any fat.
- Striated muscle layer- orbicularis oculi -- orbital, palpebral and lacrimal portions.
- Sub muscular areolar tissue- contains nerves and vessels.



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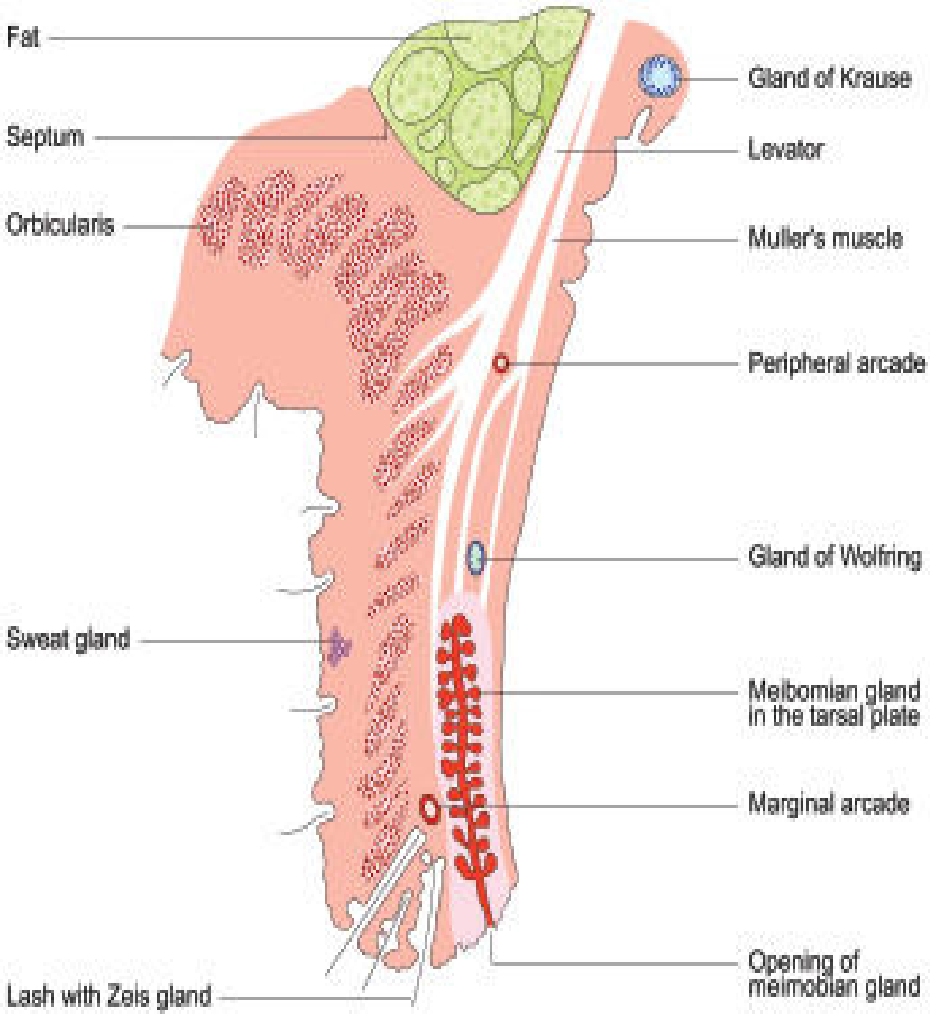
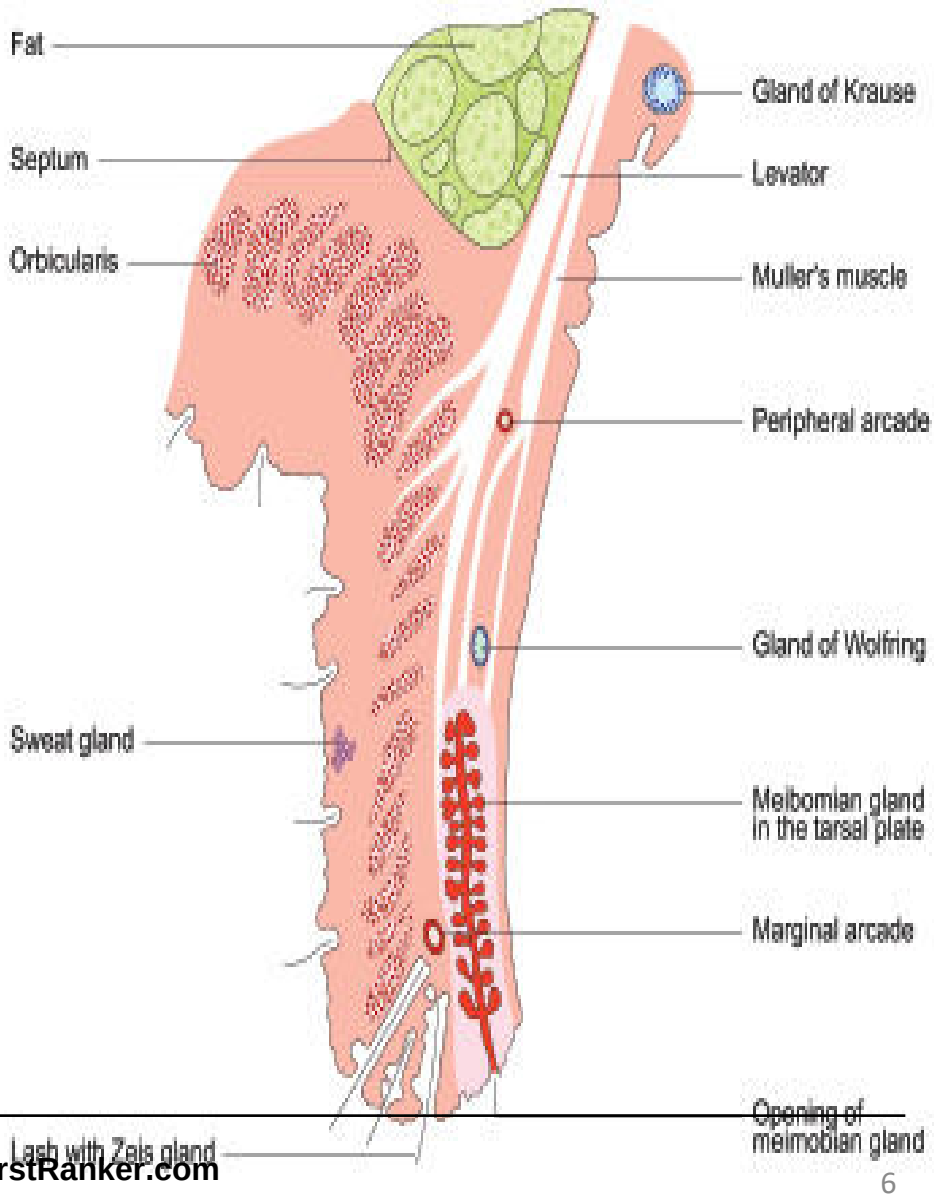
Structure of eyelids

- Fibrous layer- central tarsal plate and peripheral orbital septum
- Layer of non-striated muscle fibres
- Conjunctiva – nonkeratinized squamous epithelium



Glands of eyelids

- Meibomian glands/Tarsal glands
  Modified sebaceous glands(30 in no.)
- Glands of Zeis -
  sebaceous glands open into follicles of lashes
- Glands of Moll -
  modified sweat glands- open into follicles/ducts of Zeiss
- Accessory Lacrimal glands
- Krause
- Wolfring



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Edema of lids

- Inflammatory edema

  Dermatitis, stye, insect bite

- Passive edema

  Renal disease, Cardiac failure,

  Cavernous sinus thrombosis

INFLAMMATIONS OF THE EYELIDS

- **Blepharitis**

  Subacute or chronic lid margin inflammation

  1. Anterior blepharitis.
  2. Posterior blepharitis.

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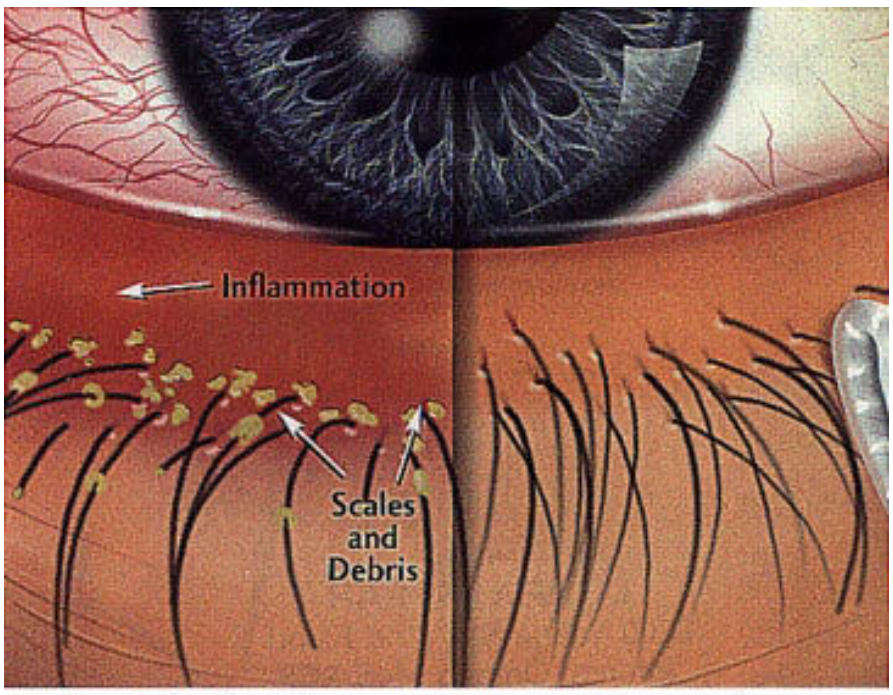
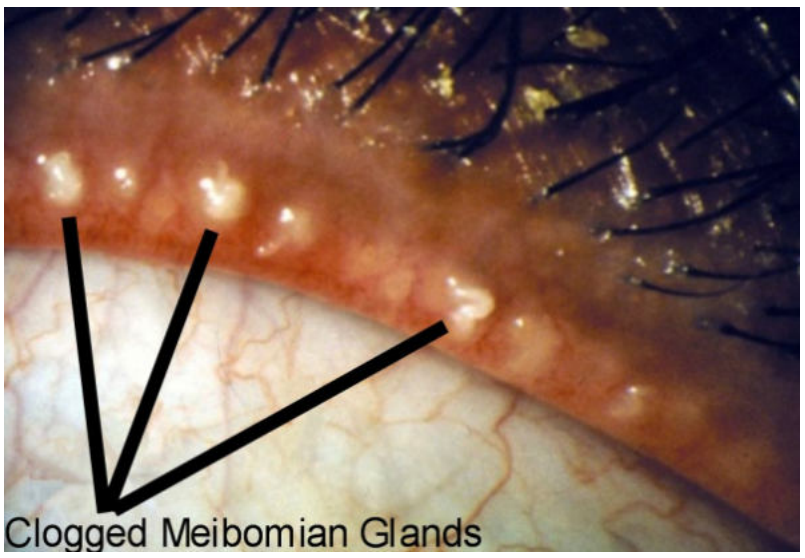
INFLAMMATIONS OF THE EYELIDS

- Blepharitis





INFLAMMATIONS OF THE EYELIDS

1. **Anterior blepharitis**

- Squamous/Seborrhoeic
  White dandruff like scales on the lid margin among eyelashes
- Ulcerative
  Chronic staphylococcal infection- hard crusts and ulcers

Treatment

Warm compresses
Lid hygiene, cleaning with diluted baby shampoo
Topical : antibiotic, steroids, tear substitutes
Oral : Azithromycin 500 mg OD for 3 days.

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INFLAMMATIONS OF THE EYELIDS

- **Posterior blepharitis**

  Meibomian seborrhoea

  Meibomianitis

Treatment:

Warm compress, lid hygiene & massage.

Oral doxycycline/erythromycin for 6 wks.

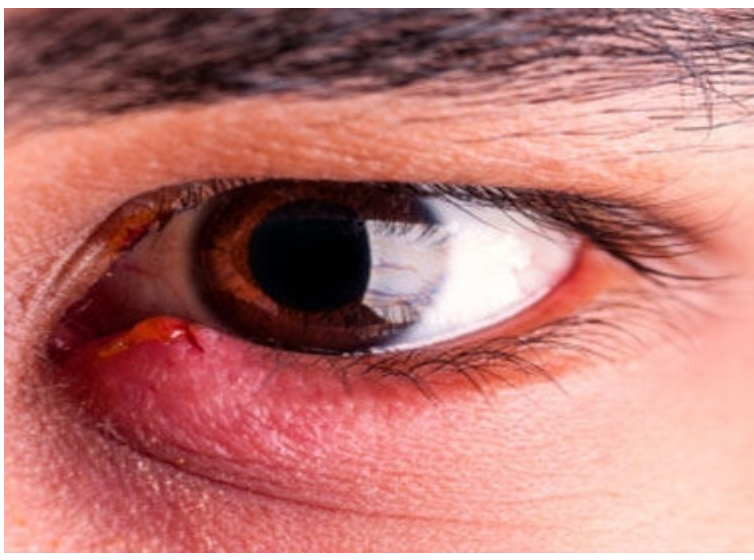
INFLAMMATION OF GLANDS OF LIDS

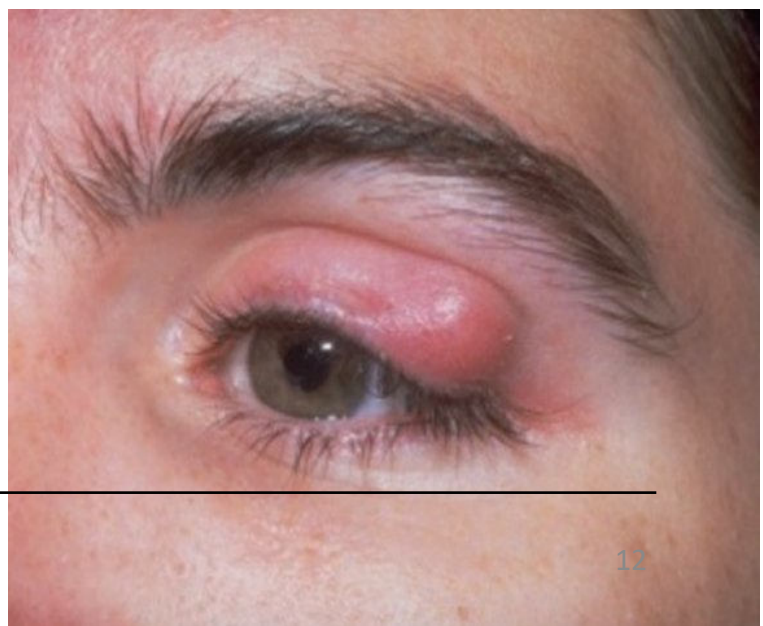
- Hordeolum externum or stye

  Suppurative inflammation of gland of Zeis.
- Hordeolum internum

  Suppurative inflammation of meibomian gland
- Chalazion/Tarsal or Meibomian cyst

  Chronic inflammatory granuloma of meibomian gland.





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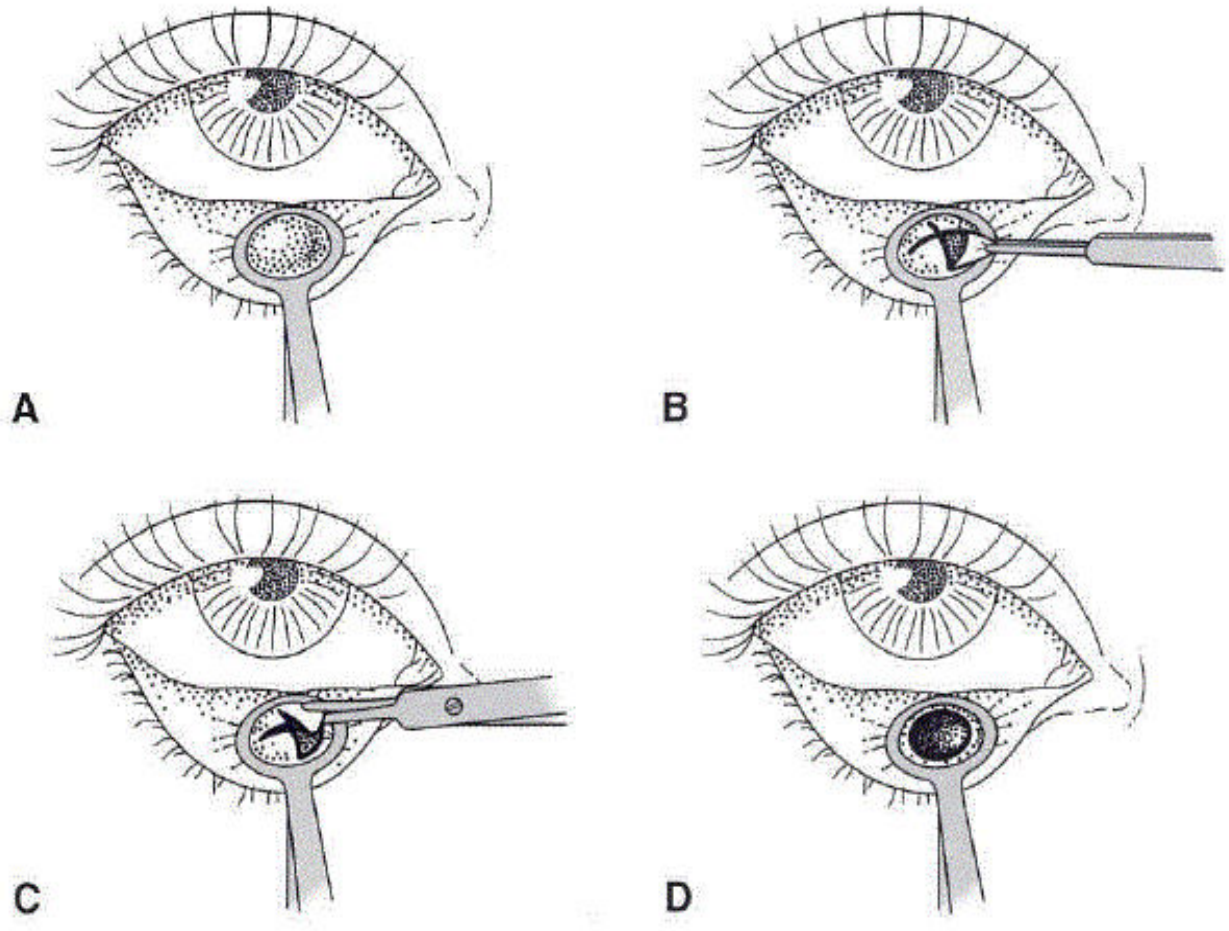
Incision and curettage of chalazion



ANOMALIES IN POSITION OF LASHES AND LIDS

- Blepharospasm
- Trichiasis
- Entropion
- Ectropion
- Symblepharon
- Ankyloblepharon
- Blepharophimosis
- Lagophthalmos
- Blepharoptosis

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- Blepharospasm

  Involuntary, sustained and forcible closure of lids.

  Essential blepharospasm-Rare, idiopathic.

  Treatment: Botulinum toxin

  Facial denervation

  Reflex blepharospasm- Vth nerve reflex

  Sensory stimulation

  Treatment: of causative disease(Eg. corneal ulcer)

- Trichiasis

  Misdirection of cilia, directed backwards to rub cornea.

  Causes:

  Trachoma, blepharitis, scars, chemical burns, Steven-Johnson syndrome.

  Treatment: Epilation

  Electrolysis

  Cryosurgery

  Argon laser application

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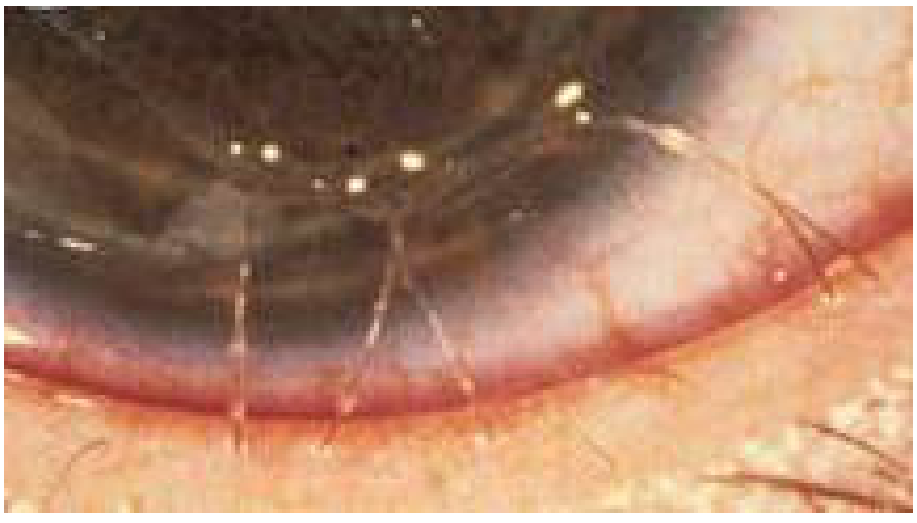
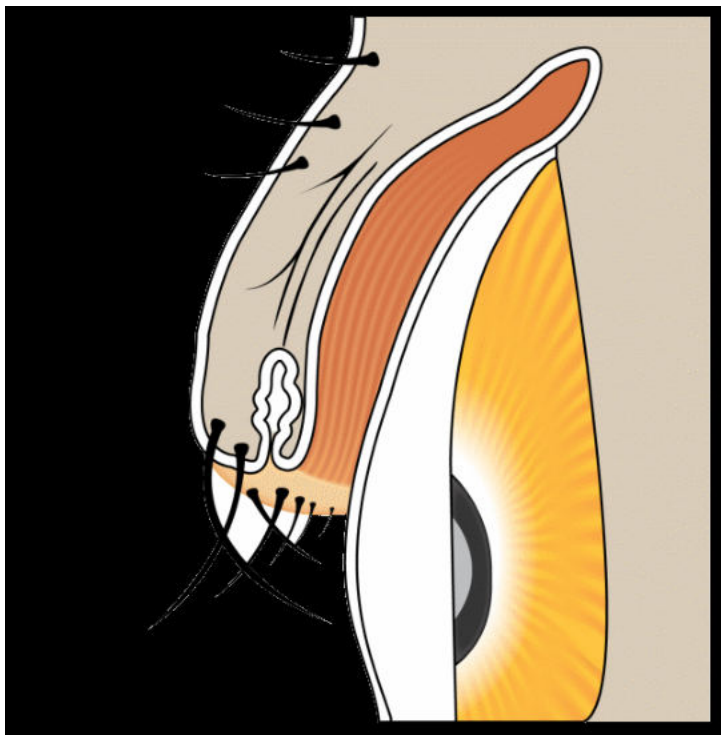
ABNORMALITIES OF THE LASHES

- Trichiasis

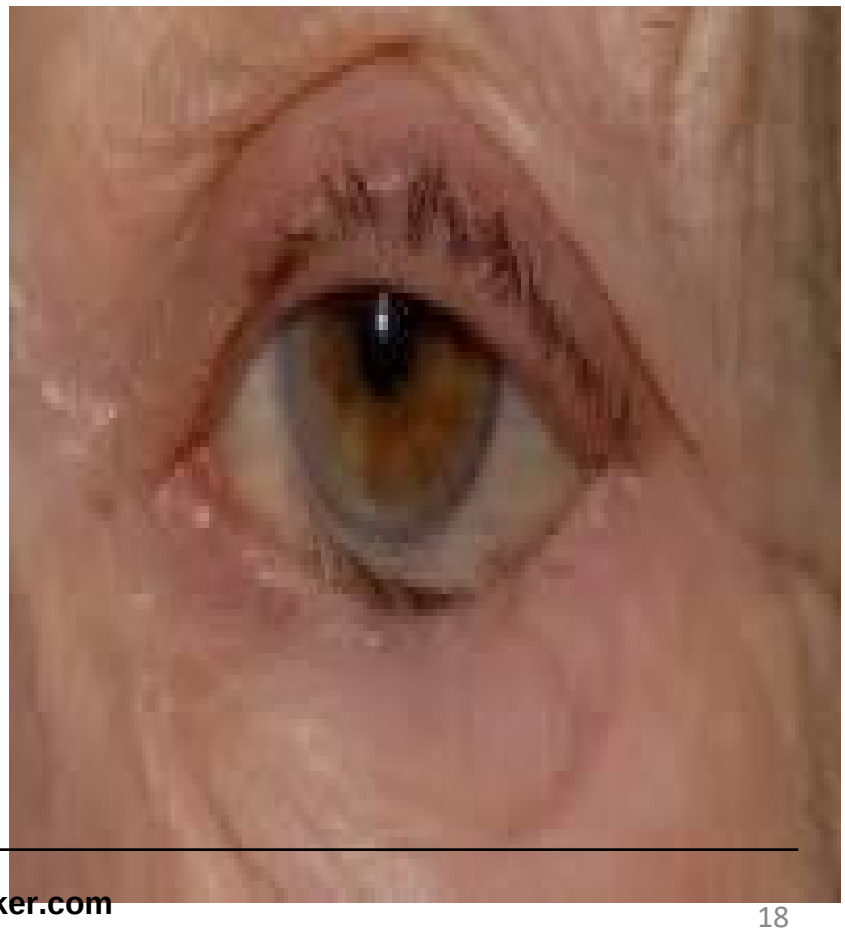




- Entropion

  Inward rolling/inturning of lid margin.

  - Involutional
  - Cicatricial (trachoma, burns, SJ syndrome)
  - Spastic(lower lid)
  - Congenital



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- Involutional Entropion (age related)

❖ Horizontal lid laxity

❖ Vertical lid instability

❖ Over-riding of pretarsal plate

❖ Orbital septum laxity

Surgical procedures for entropion

- Transverse everting sutures (Quickert)
- Transverse blepharotomy with everting sutures- Weis procedure
- Jones procedure- tucking of inferior lid retractors (recurrences)

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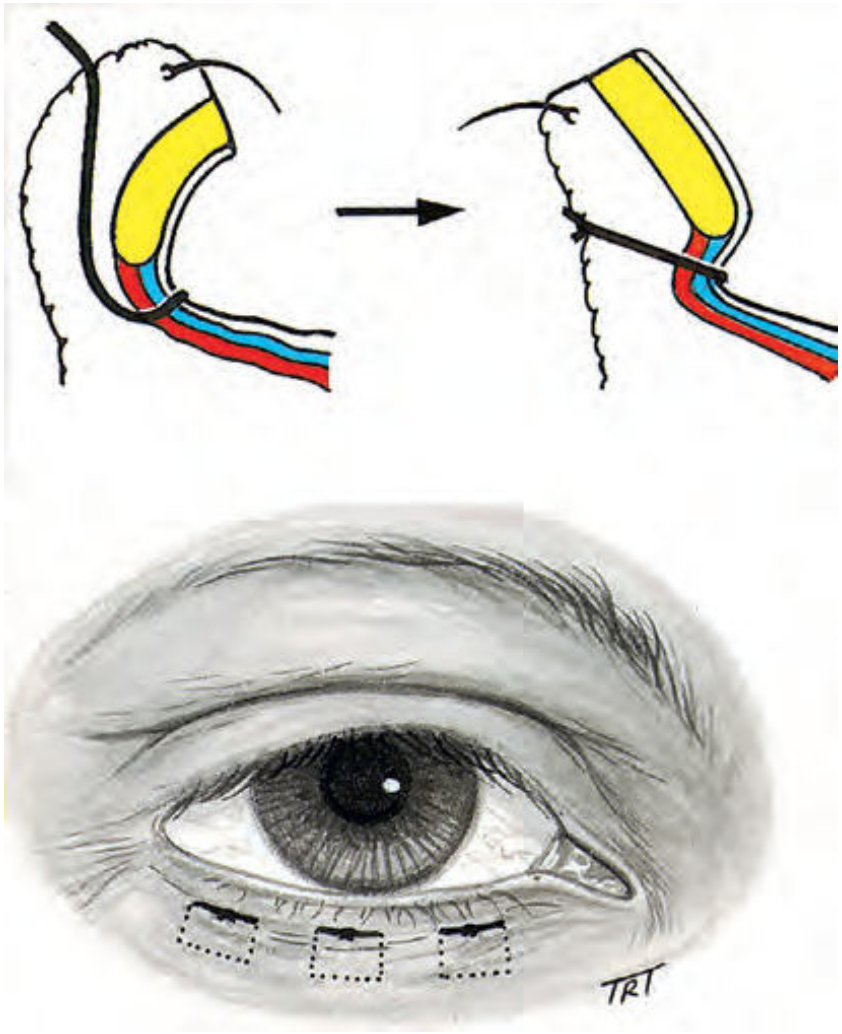
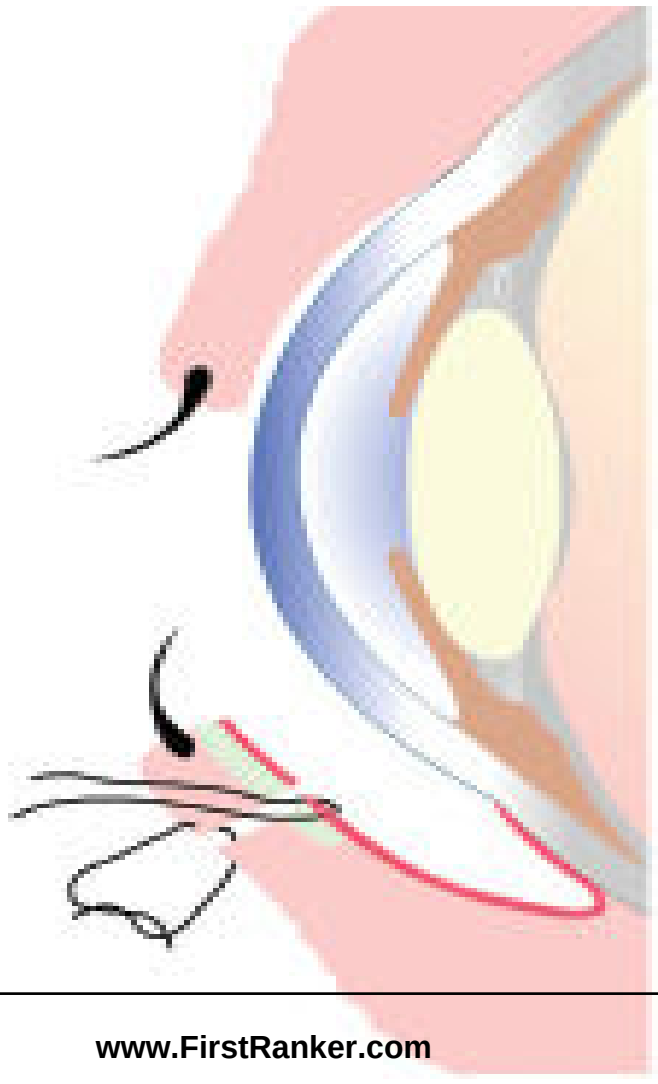
Transverse everting sutures



Weis procedure



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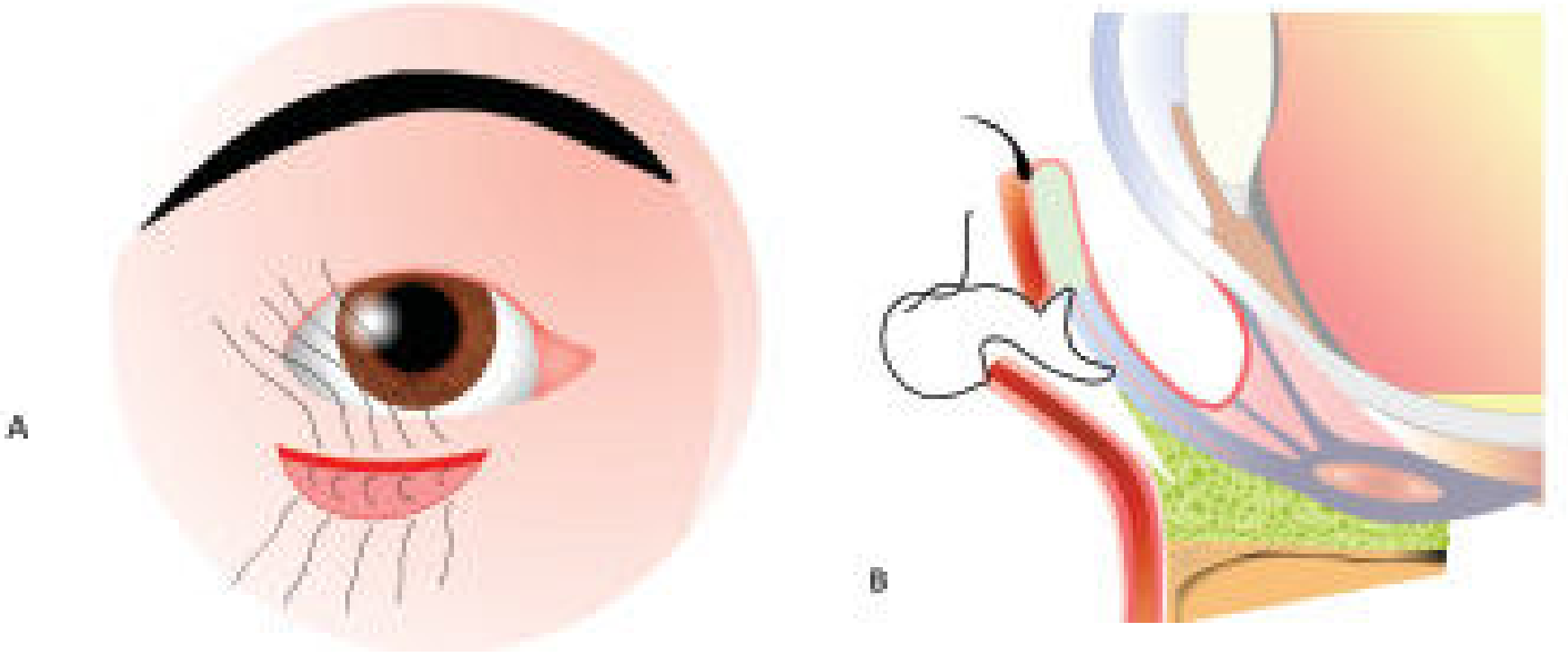
Jones procedure



- Cicatricial entropion

  Due to conjunctival scarring

  Causes:

  Trachoma, chemical burns

  Treatment : Tarsal fracture/ wedge resection

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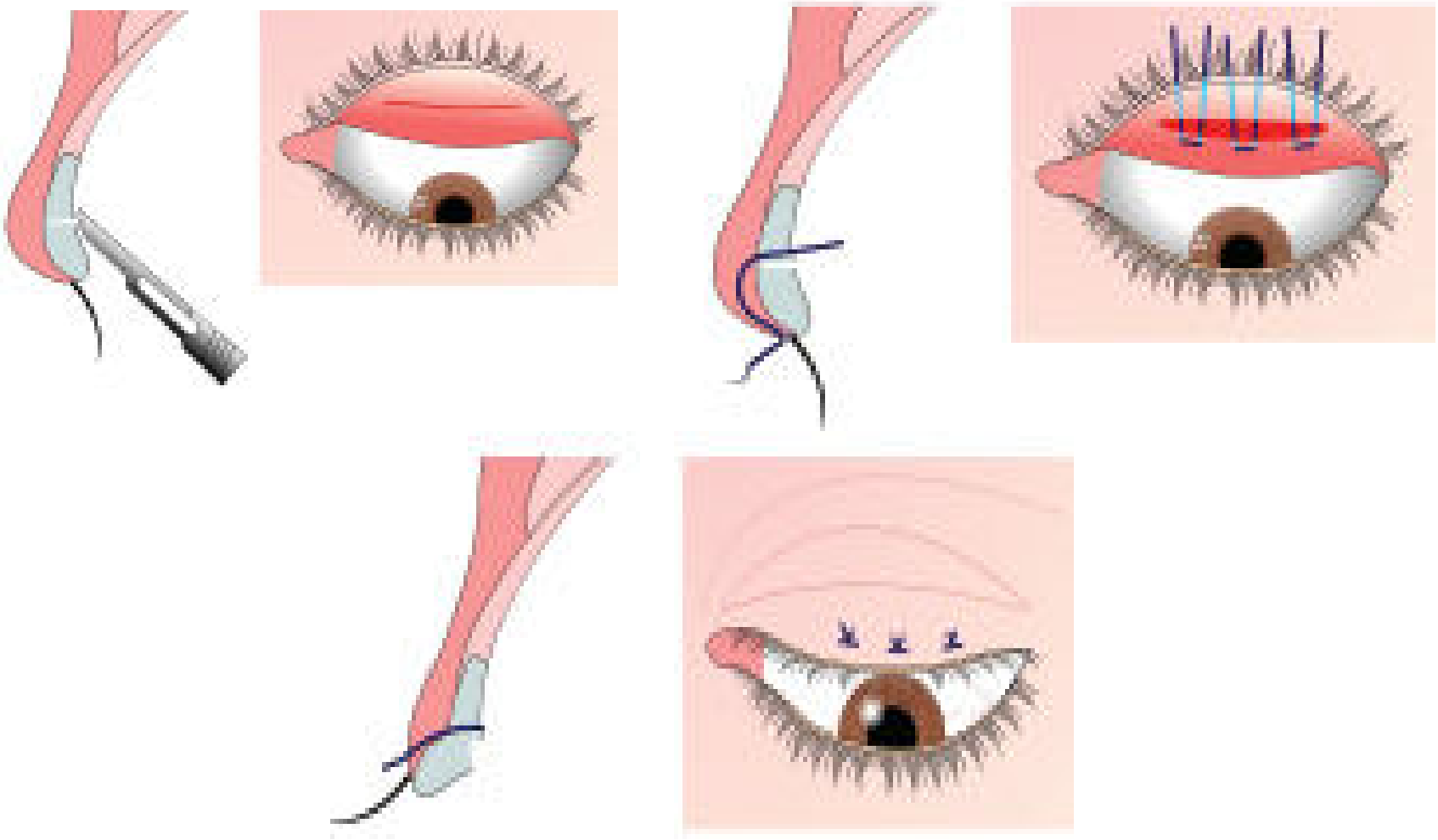
Tarsal Fracture



ECTROPION

- Eversion of lid margins and lashes away from the globe.

➢ Acquired – Involutional/senile-lower lid
Cicatricial- burns and injuries
Paralytic- 7th nerve paralysis
Mechanical-tumors/proptosis

➢ Congenital

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ECTROPION

- Involutional Ectropion (Age Related)
  - Horizontal lid laxity
  - Medial canthal tendon laxity
  - Lateral canthal tendon laxity
  - Disinsertion of lower lid retractors

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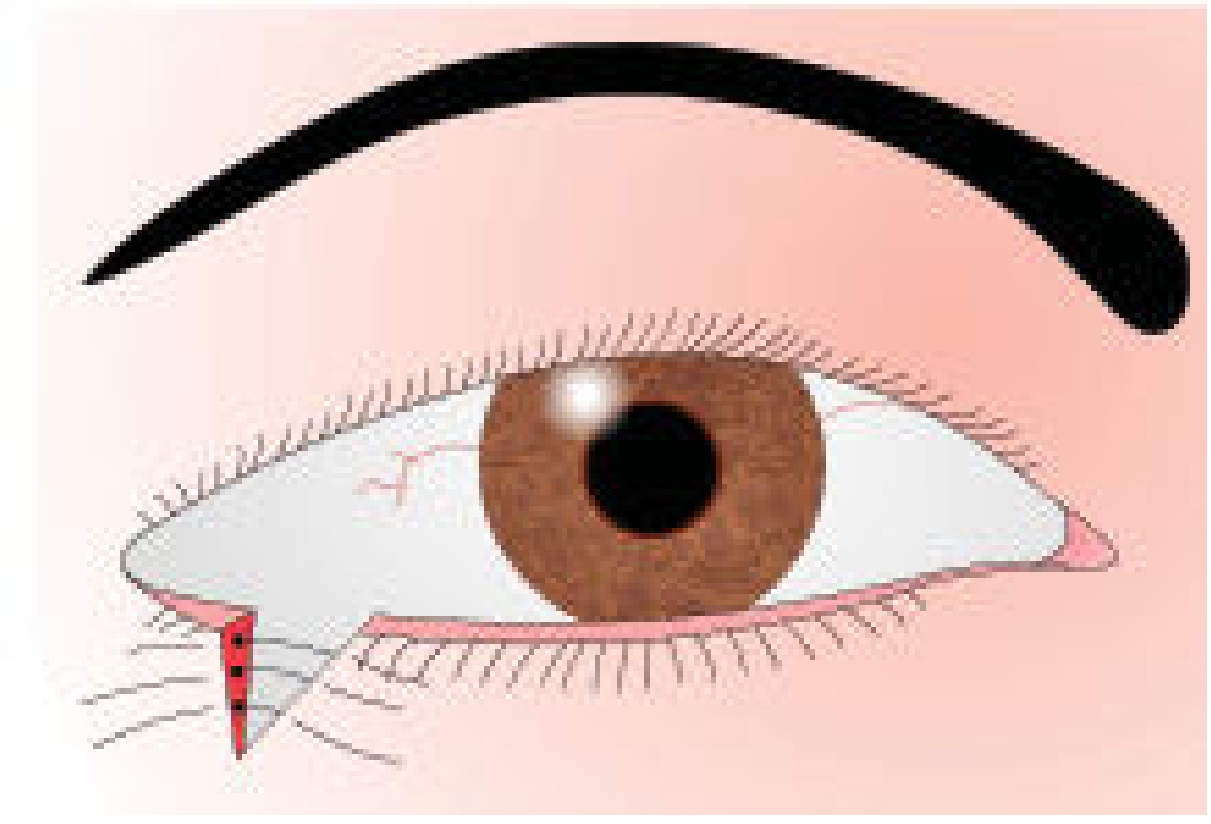
- Treatment

➢ Wedge resection for horizontal lid laxity

➢ Diamond excision for medial ectropion

➢ Kuhnt-Szymanowski Procedure modified by Byron Smith for lateral ectropion

Wedge resection for horizontal lid laxity



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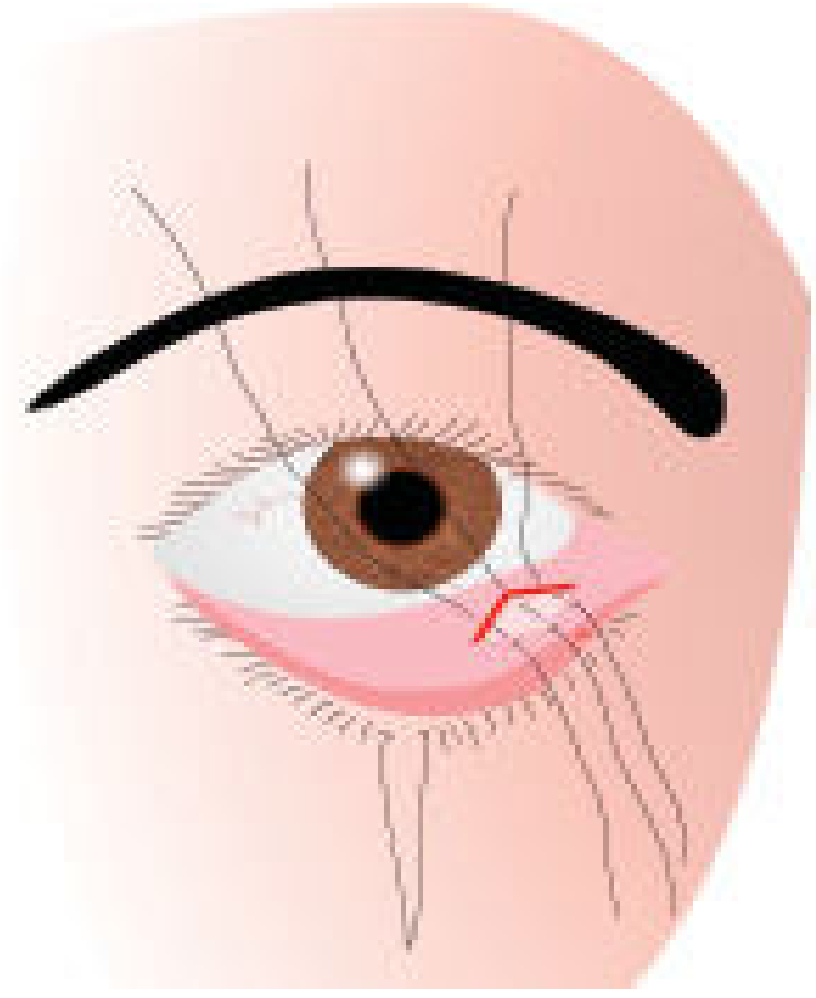
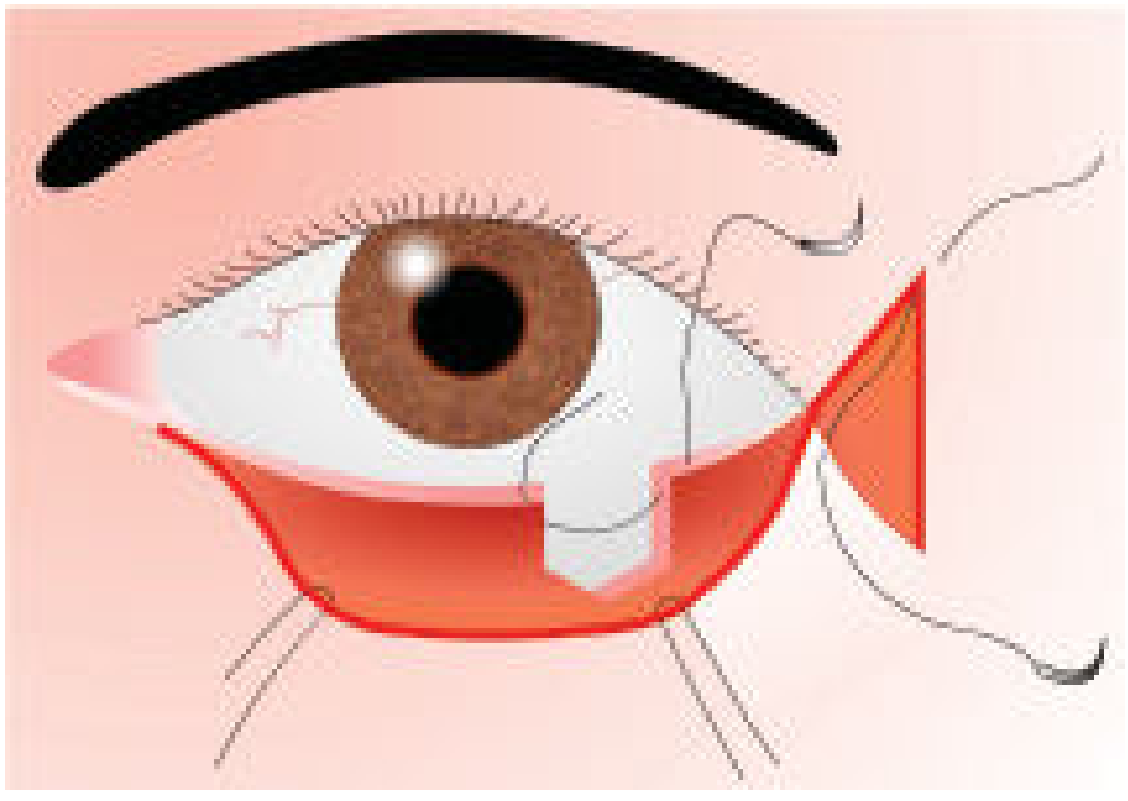
Diamond excision for medial ectropion



Modified Kuhnt-Szymanowski Procedure for lateral ectropion



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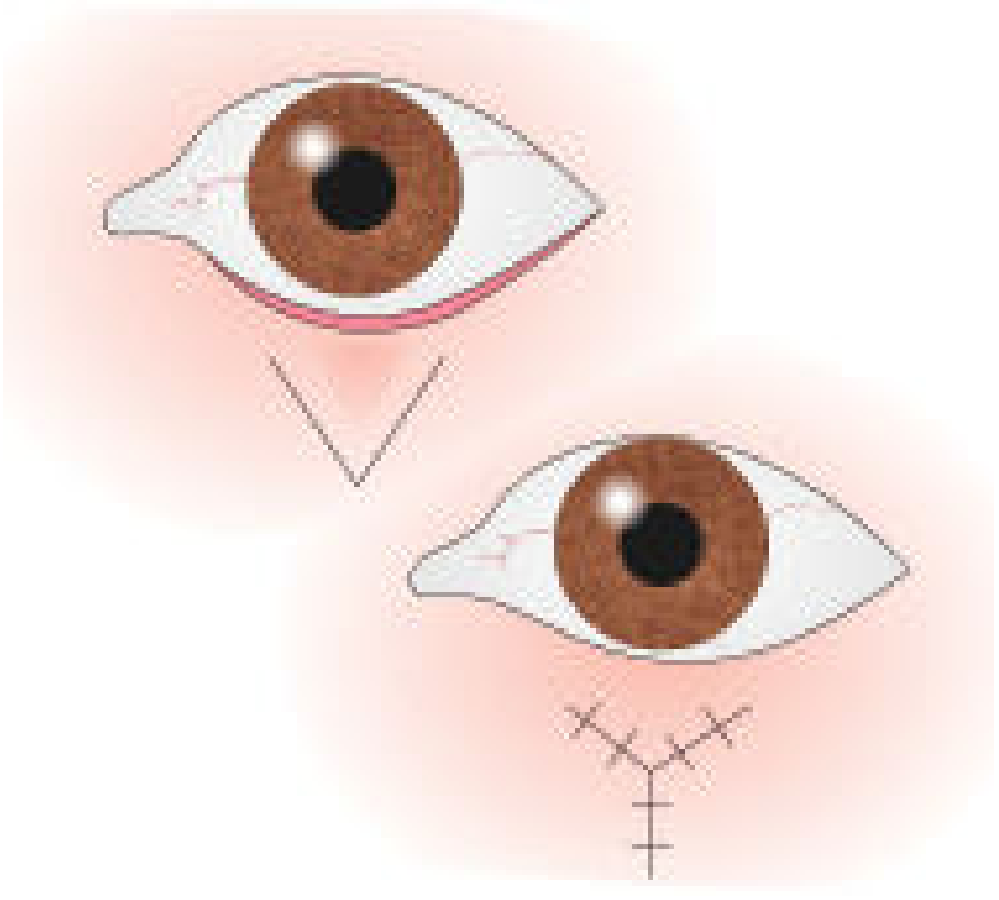
- Cicatricial Ectropion

  Due to burn, trauma, chronic inflammation of skin or surgical scarring.

  Treated with Z/ V-Y Plasty or skin grafts.

V-Y Plasty



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- Paralytic Ectropion

  Due to Facial nerve palsy

  Treated by:

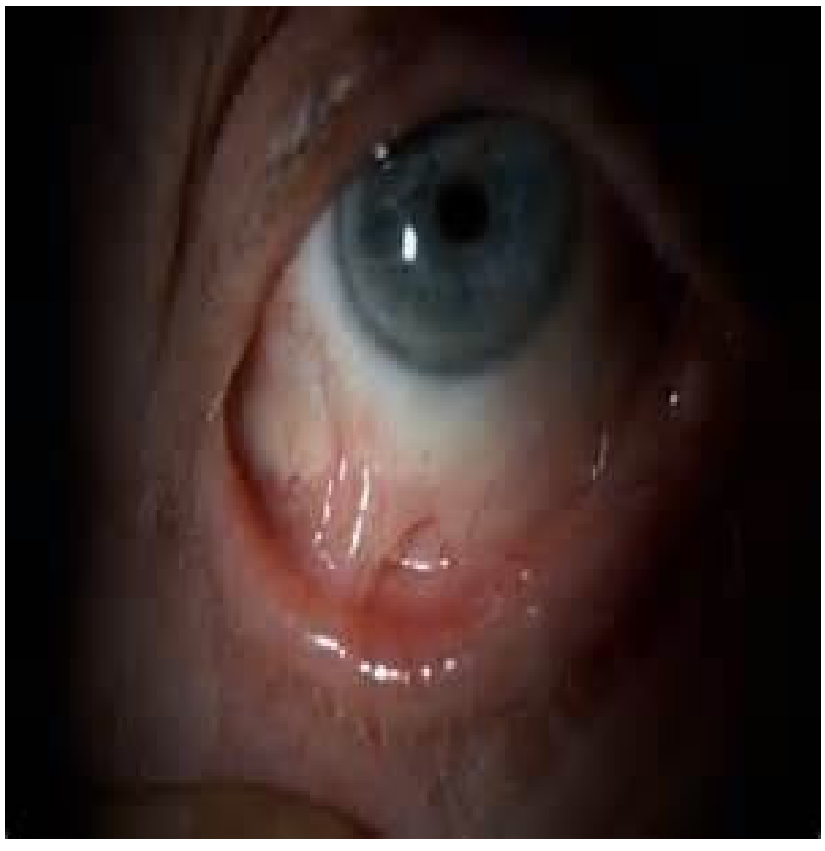
  Tarsorrhaphy

  Medial canthoplasty

  Lateral canthal sling

  Upper lid lowering
- Mechanical ectropion (tumours)- corrected by treating the underlying cause.

SYMBLEPHARON



- Adhesion of palpebral and bulbar conjunctiva
- Causes:

  Chemical injuries

  Burns

  Trauma

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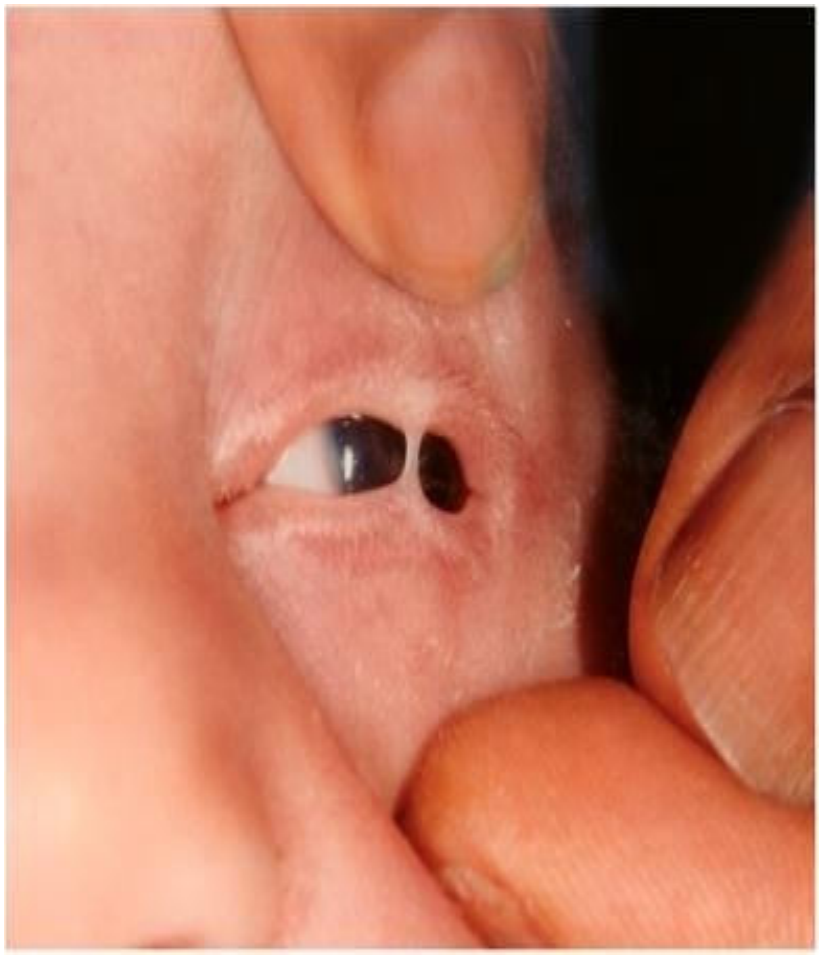
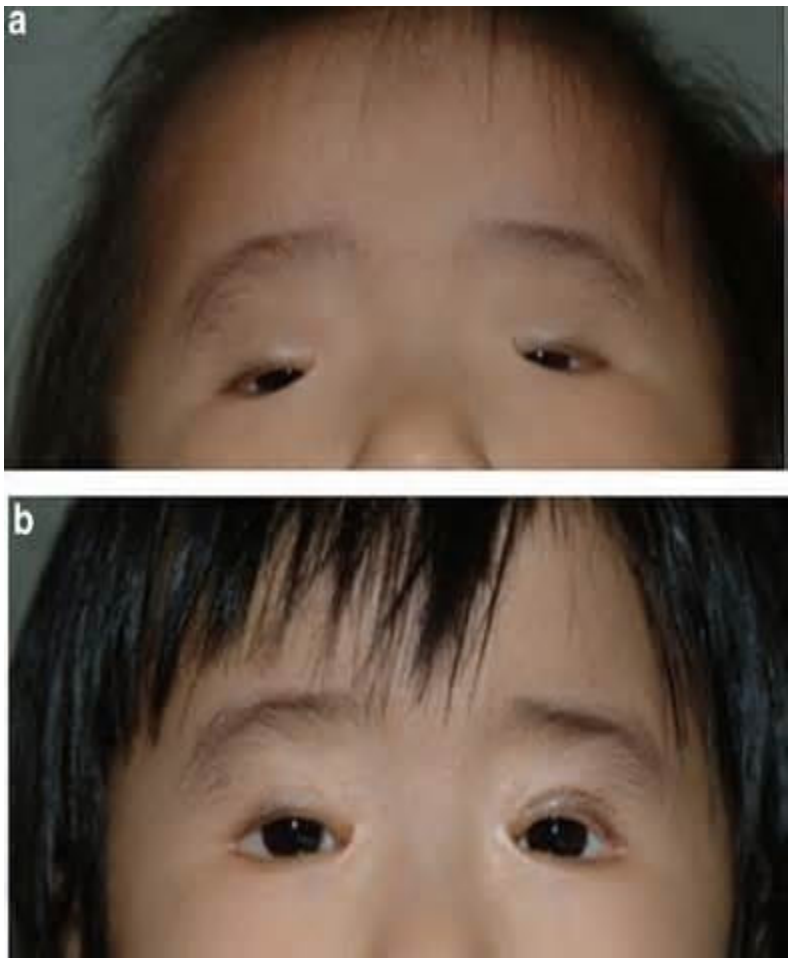


- Partial or complete fusion of margins of upper and lower lids.
- Congenital or acquired

BLEPHAROPHIMOSIS SYNDROME



- Autosomal dominant
- Blepharophimosis
- Ptosis
- Epicanthus inversus
- Telecanthus

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BLEPHAROPTOSIS

- Abnormal drooping of the upper lid to a level that covers more than 2mm of the superior cornea.

1. Congenital

   Simple

   Complicated

2. Acquired

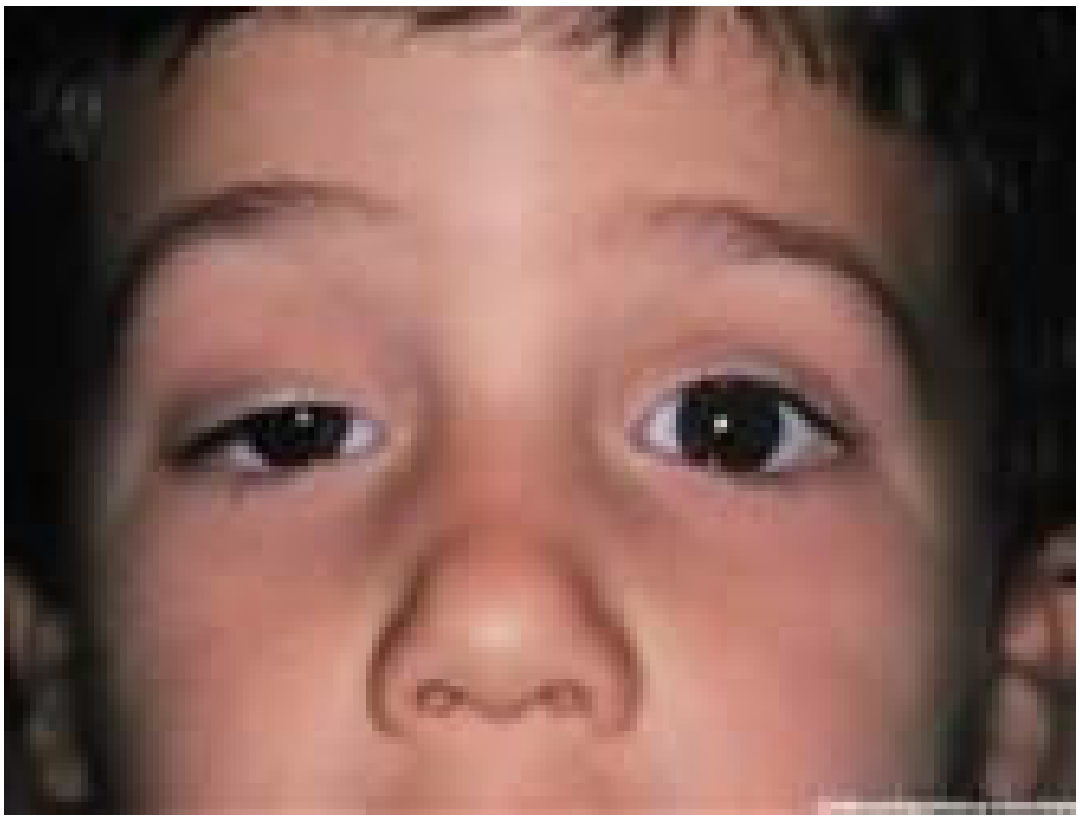
   Neurogenic- 3rd Nerve palsy, Horner's syndrome

   Myogenic – Myasthenia , Myotonic dystrophy

   Aponeurotic- Involutional, postoperative

   Mechanical- lid tumors

BLEPHAROPTOSIS



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- MRD (margin reflex distance)

  Normal 4mm ± 1mm

Severity

- Mild ptosis- < 2mm
- Moderate - 3mm
- Severe – ≥ 4mm

- Levator Palpebrae Superioris (LPS) Action

  Good > 8mm

  Fair 5-7

  Poor ≤ 4mm

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SURGICAL TREATMENT

- **Fasanella-Servat** operation

  LPS action good

  Mild ptosis < 2mm

  Horner's syndrome

SURGICAL TREATMENT

- LPS Resection (Conjunctival approach)

  LPS action fair

  Any type of ptosis

  Moderate congenital or acquired ptosis

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SURGICAL TREATMENT

- LPS Resection (Skin approach)
- Most preferred surgery for ptosis correction

  LPS action fair

  Any type of ptosis

  For larger resection in congenital or acquired ptosis.

SURGICAL TREATMENT

- LPS Resection with aponeurotic reinsertion

  LPS action fair

  Any type of ptosis

  Acquired ptosis.

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SURGICAL TREATMENT

- Frontalis Sling surgery (Brow suspension)

  LPS action poor

  Ptosis >2 mm

  Congenital ptosis

NEOPLASMS OF LIDS

- Benign lesions

➢ Xanthelasma

➢ Naevus or mole

➢ Haemangioma

➢ Neurofibromatosis

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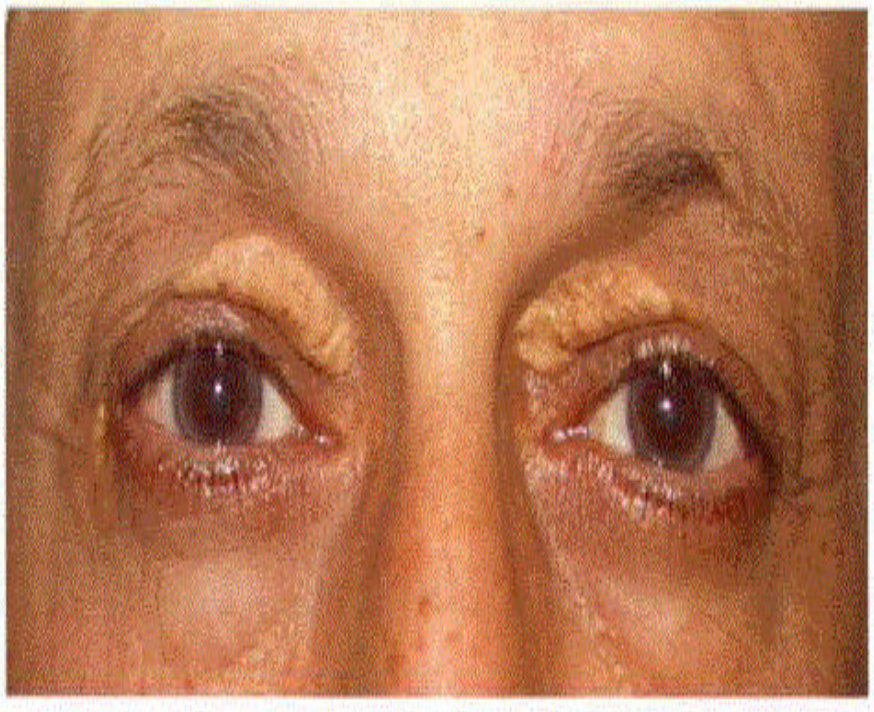
XANTHELASMA



- Yellow plaques on eyelids
- Lipid laden macrophages in superficial dermis and subdermal tissue
- May be associated with diabetes mellitus and hypercholesterolemia

- Malignant tumours

➢ Basal cell carcinoma

➢ Squamous cell carcinoma

➢ Sebaceous gland carcinoma

➢ Malignant melanoma

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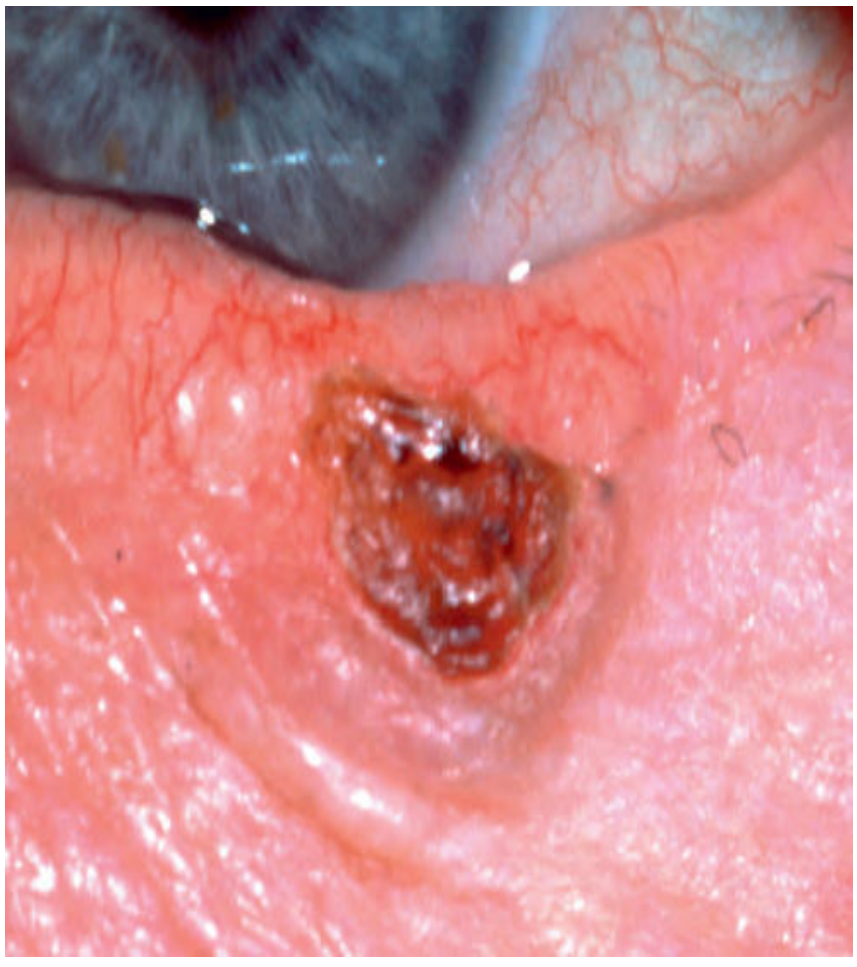
BASAL CELL CARCINOMA

- Commonest malignant lid tumour/Rodent ulcer
- Noduloulcerative
- Sclerosing
- Pigmented
- Treated by surgery

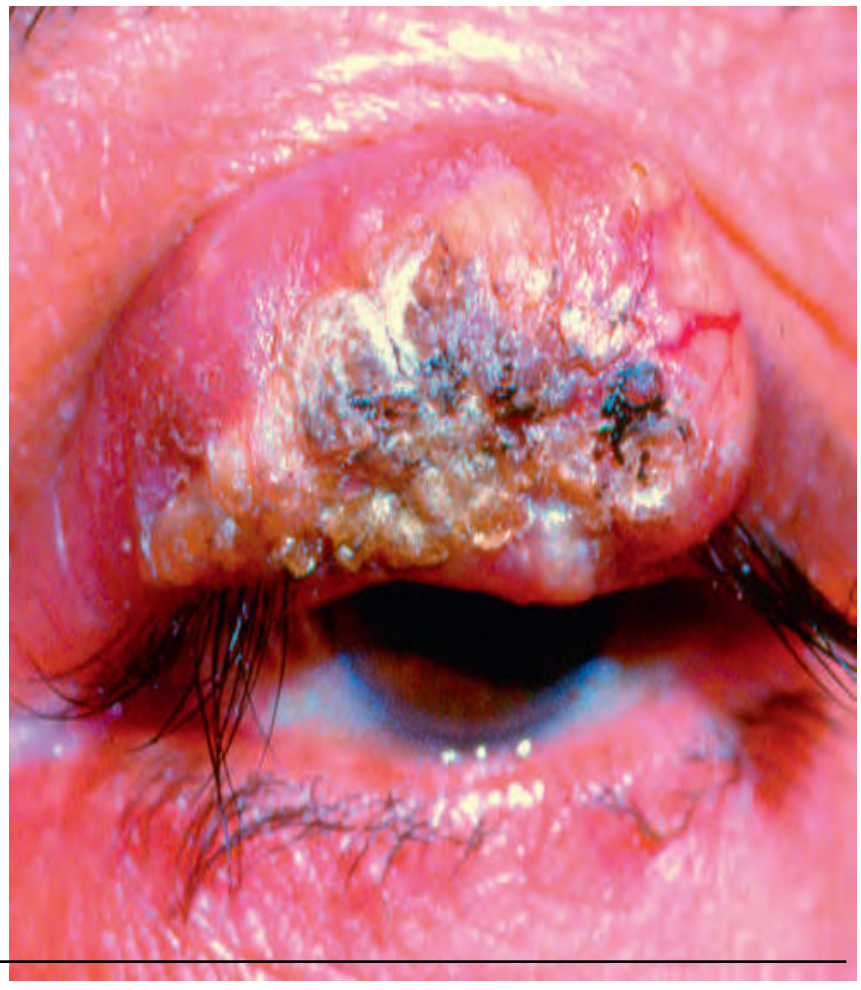
  At least 3mm clear margins with lid reconstruction



SQUAMOUS CELL CARCINOMA

- More aggressive tumour
- Ulcerative or fungating
- Treated by surgery

  Surgical excision with wide margins with lid reconstruction



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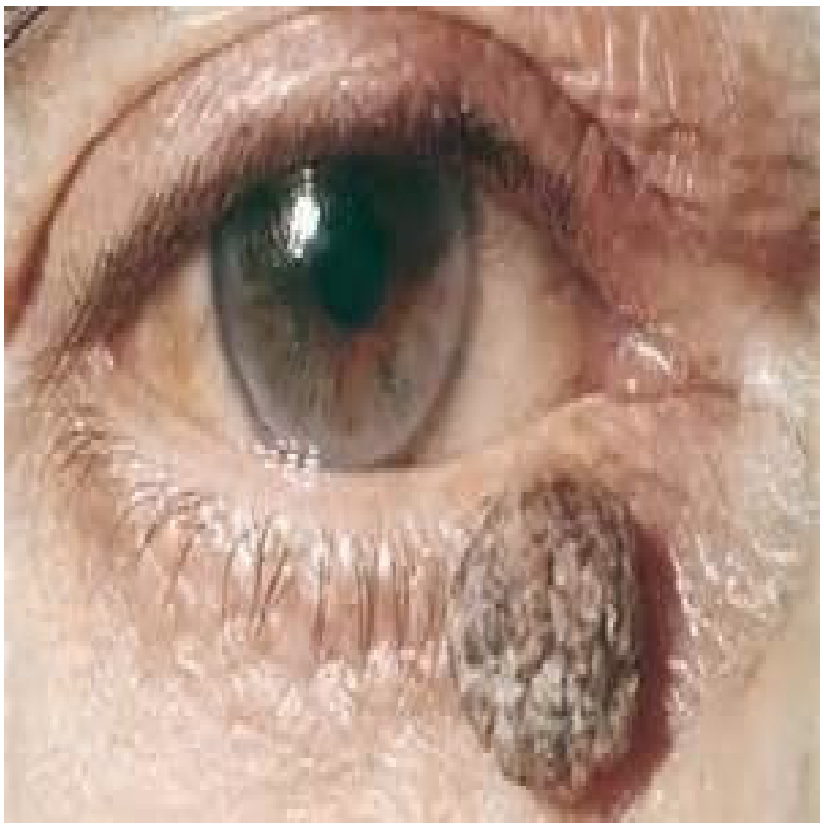
SEBACEOUS GLAND CARCINOMA

- Occurs more commonly on the upper lid
- Masquerades as benign lesions like chalazia

MALIGNANT MELANOMA



- Rare tumour
- Lentigo maligna melanoma
- Nodular melanoma

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