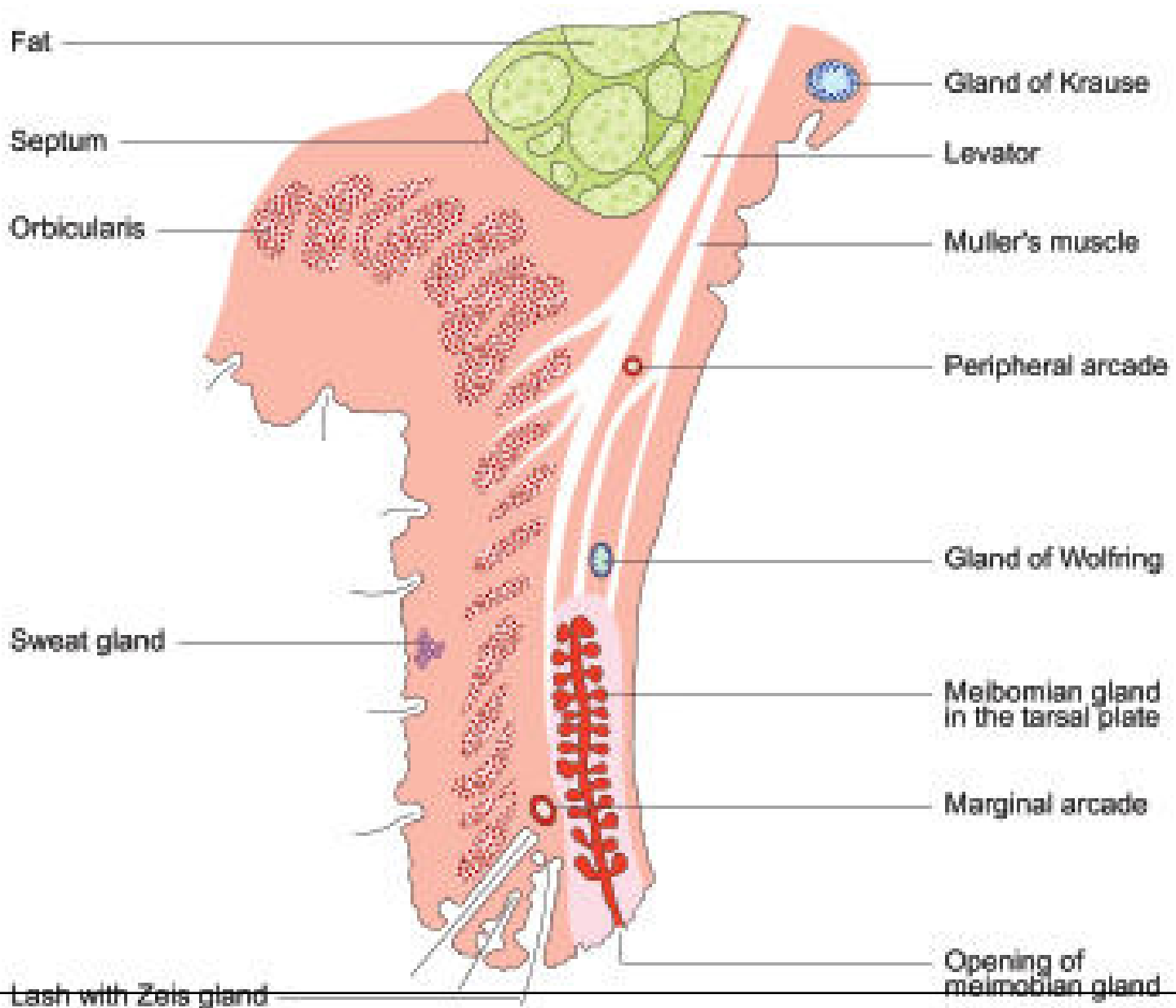


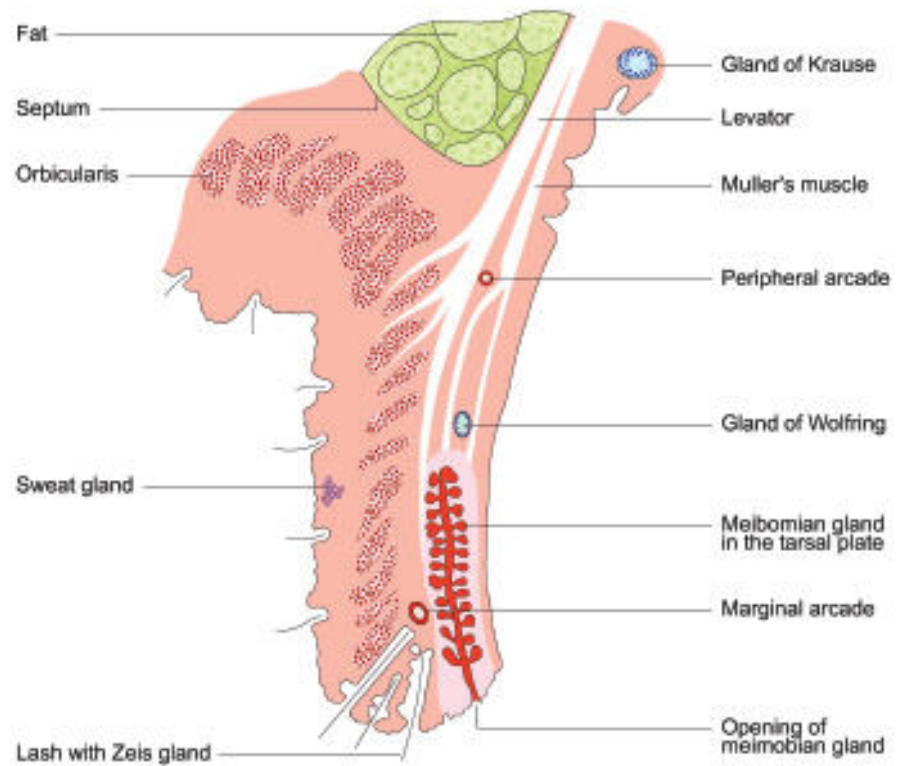
# Disorders of Lid

## Ophthalmology

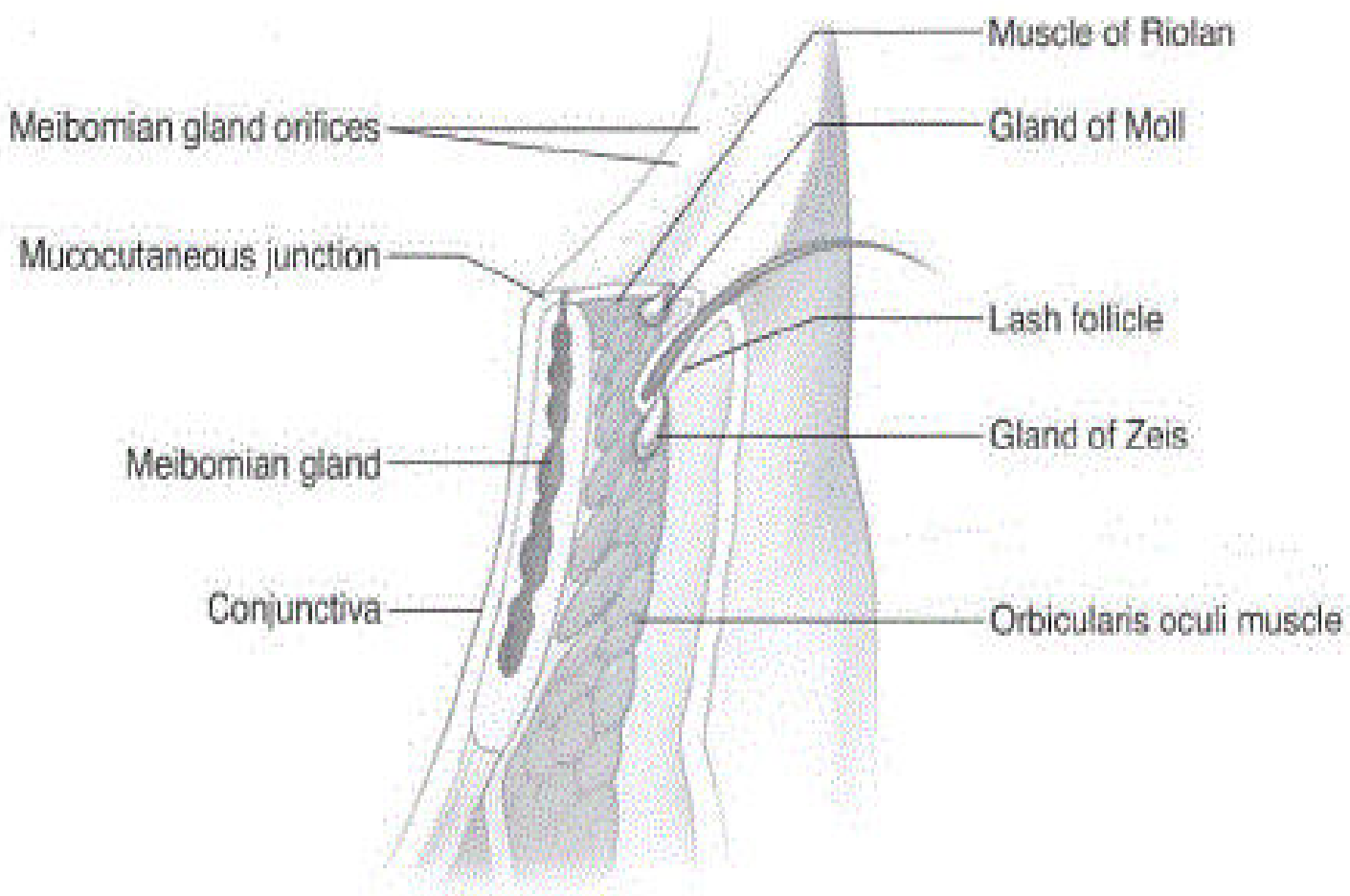


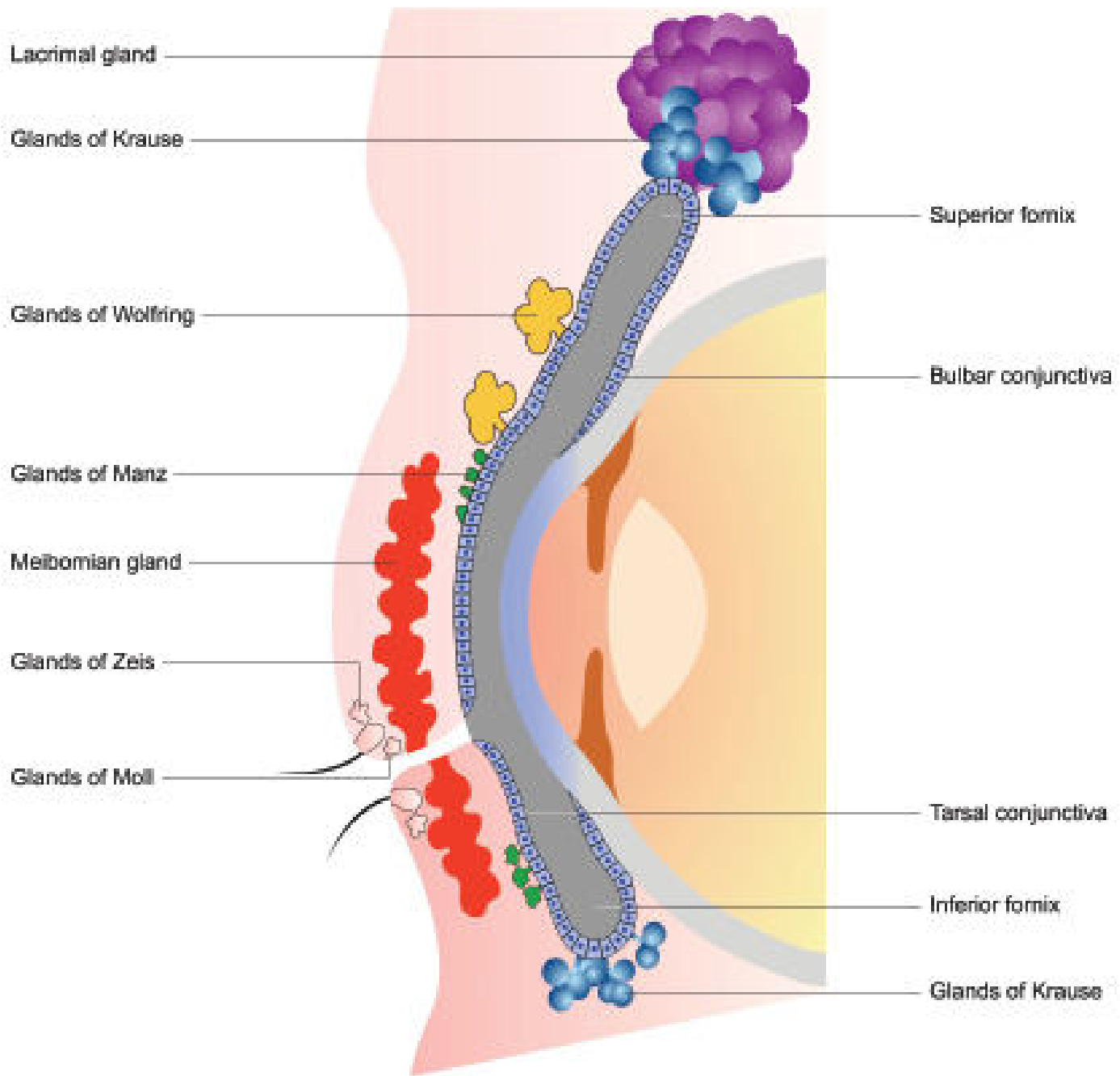
# Anatomy

1. *The skin*
2. *The subcutaneous areolar tissue.*
3. *The layer of striated muscle.*
4. *Submuscular areolar tissue.*
5. *Fibrous layer.*
6. *Layer of non-striated muscle fibres.*
7. *Conjunctiva.*



## The eyelid Margin





# GLANDS OF EYELIDS

## 1. *Meibomian glands.*

- In tarsal plate arranged vertically.
- These are modified sebaceous glands.
- Their ducts open at the lid margin.
- Their secretion constitutes the oily layer of tear film.

## 2. *Glands of Zeis.*

- These are also sebaceous glands* which open into the follicles of eyelashes.

### 3. *Glands of Moll.*

- These are modified sweat glands* situated near the hair follicle.
- They open into the hair follicles or into the ducts of Zeis glands.

### 4. *Accessory lacrimal glands of Wolfring.*

- These are present near the upper border of the tarsal plate.*

## Edema of lids

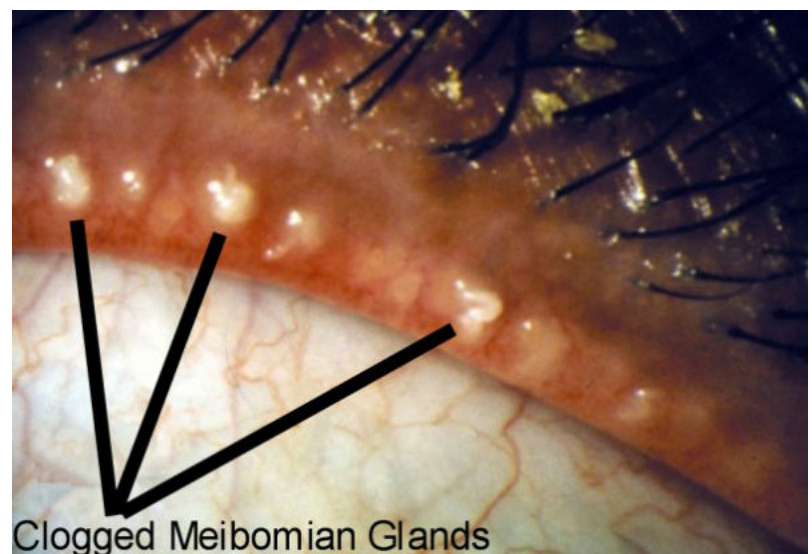
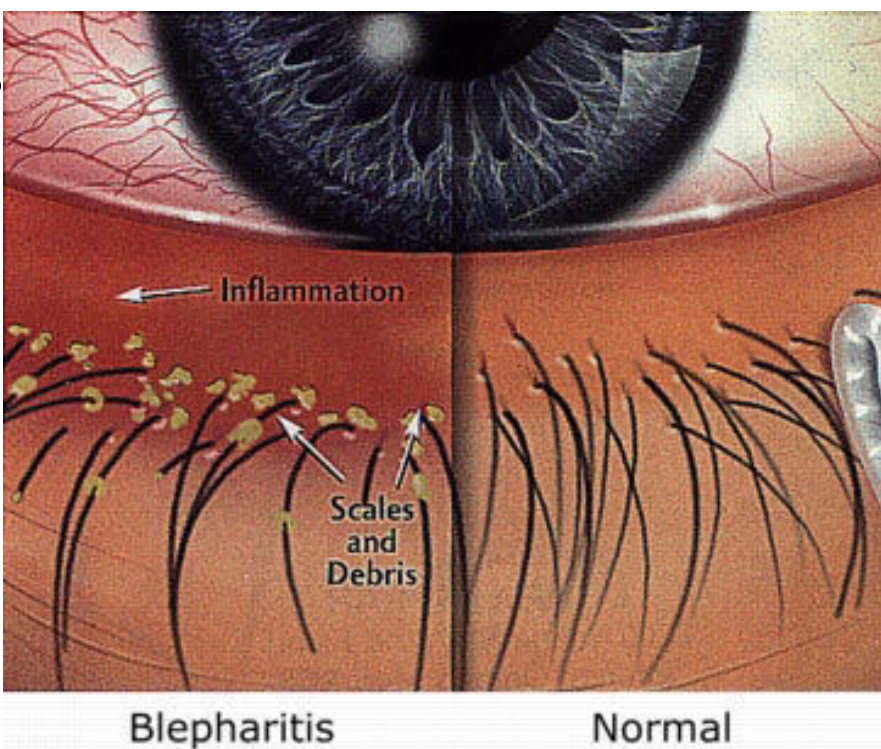
- Inflammatory edema
  - Dermatitis, stye, insect bite, blepharitis
- Passive edema
  - Renal disease, Cardiac failure,
  - Cavernous sinus thrombosis

# INFLAMMATIONS OF THE EYELIDS

- **Blepharitis**
  1. Anterior blepharitis.
  2. Posterior blepharitis.

# INFLAMMATIONS OF THE EYELIDS

• B



# INFLAMMATIONS OF THE EYELIDS

## 1. Anterior blepharitis

- Squamous
- Ulcerative

### Treatment

Hot compress

Lid hygiene, cleaning with diluted baby shampoo

Topical : antibiotic, steroids, tear substitute

Oral : Azithromycin 500 mg OD for 3 days.

# INFLAMMATIONS OF THE EYELIDS

- **Posterior blepharitis**

Meibomian seborrhoea

Meibomianitis

### Treatment:

Warm compress, lid hygiene & massage.

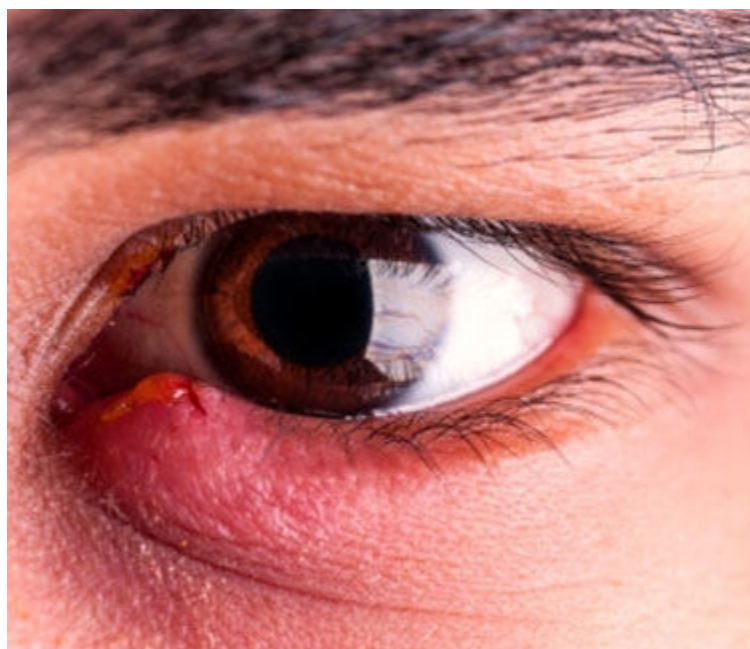
Oral doxycyclin or minocyclin for 6 wks.



# INFLAMMATION OF GLANDS OF LIDS

- Hordeolum externum or styne  
Suppurative inflammation of gland of Zeis.
- Hordeolum internum  
Suppurative inflammation of meibomian gland
- Chalazion  
Chronic inflammatory granuloma of meibomian gland.

## STYE (EXTERNAL HORDEOLUM)



# STYE (EXTERNAL HORDEOLUM)

- It is an acute suppurative inflammation of gland of the Zeis.
- *Causative organism commonly involved is Staphylococcus aureus.*
  
- *Predisposing factors.*
  1. *Refractive error*
  2. *Blepharitis*
  3. *Habitual rubbing of eyelids*
  4. *Diabetes Mellitus*

- Treatment
  1. Hot fomentation
  2. Antibiotic eye ointment
  3. Anagesics
  4. Oral antibiotics
  5. Treatment of underlying cause



# CHLAZION



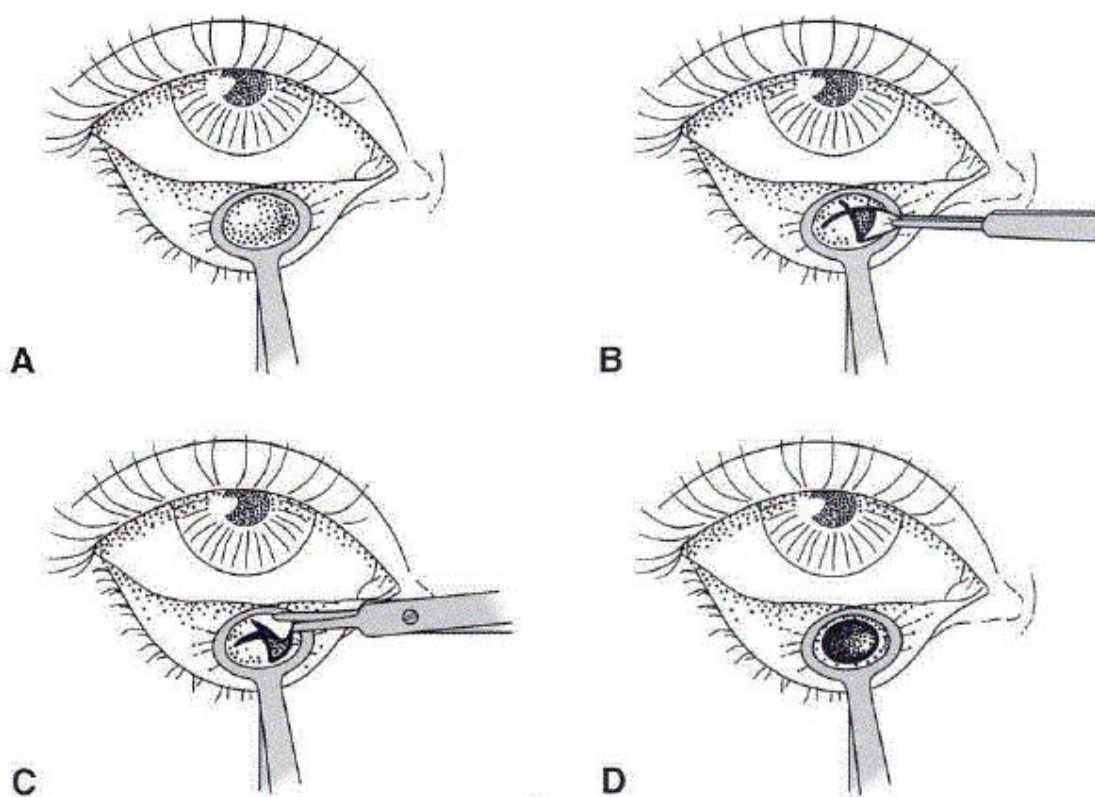
# CHLAZION

- It is also called a *tarsal or meibomian cyst*.
  
- *It is a chronic non-infective granulomatous inflammation of the meibomian gland.*
  
- *Predisposing factors.*
  1. *Refractive error*
  2. *Blepharitis*
  3. *Habitual rubbing of eyelids*
  4. *Diabetes Mellitus*

- **Clinical course and complications**
- Complete *spontaneous resolution may occur* rarely.
- Occasionally, it may burst on the conjunctival side, forming a fungating mass of granulation tissue.
- *Secondary infection leads to formation of hordeolum internum.*
- *Calcification may occur, though very rarely.*
- *Malignant change into meibomian gland carcinoma may be seen occasionally in elderly patients.*

## Treatment

1. *Conservative treatment.*
2. *Intralesional injection of long-acting steroid.*
3. *Incision and curettage.*
4. *Diathermy.*



**Figure 10-11** Excision of chalazion. **A**, After a clamp is placed around the chalazion, a blade is used to make a vertical incision into the tarsus. **B**, Cruciate incision of conjunctiva and cyst wall. **C**, Flaps are excised with a scissors. **D**, Defect is allowed to heal by secondary intention.

## INTERNAL HORDEOLUM

- It is a suppurative inflammation of the meibomian gland associated with blockage of the duct.
- It may occur as primary staphylococcal infection of the meibomian gland or due to secondary infection in a chalazion (infected chalazion).
- **Treatment.** *It is similar to hordeolum externum, except that, when the pus is formed, it should be drained by a vertical incision from the tarsal conjunctiva.*

# ANOMALIES IN POSITION OF THE LASHES AND THE LIDS

- Blepharospasm
- Trichiasis
- Entropion
- Ectropion
- Symblepharon
- Ankyloblepharon
- Blepharophimosis
- Lagophthalmos
- Ptosis.

- Blepharospasm

Involuntary, sustained and forcible closure of lids.

Essential blepharospasm

Reflex blepharospasm

Treatment: Botulinum toxin

Facial denervation

- Trichiasis

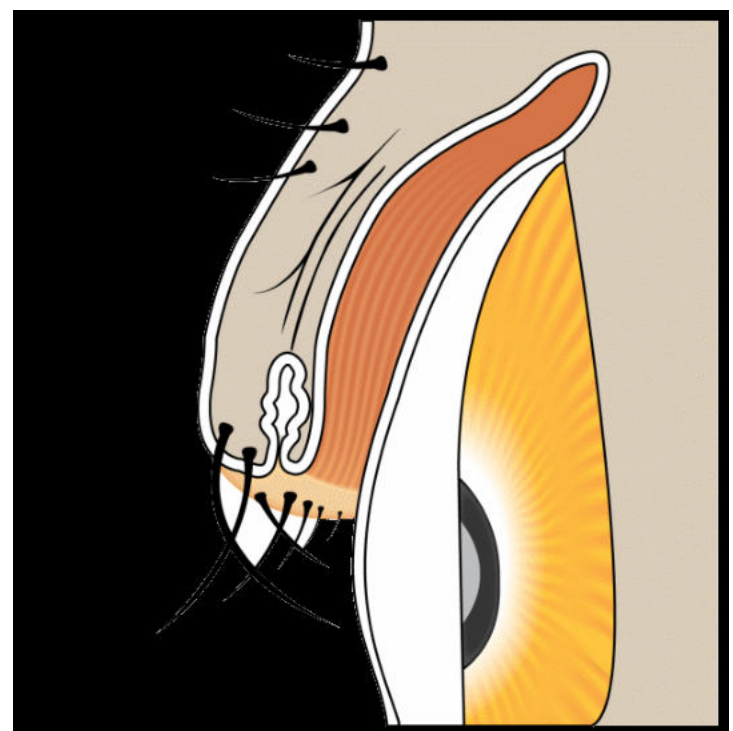
Misdirection of cilia, directed backwards to rub cornea.

Trachoma, blepharitis, scars, chemical burns, Steven-Johnson synd,

Treatment: Epilation, Electrolysis, Cryosurgery, Argon laser application.

## ABNORMALITIES OF THE LASHES

- Trichiasis



- Entropion
  - Involuntional
  - Cicatricial
  - Spastic
  - Congenital

## ENTROPION

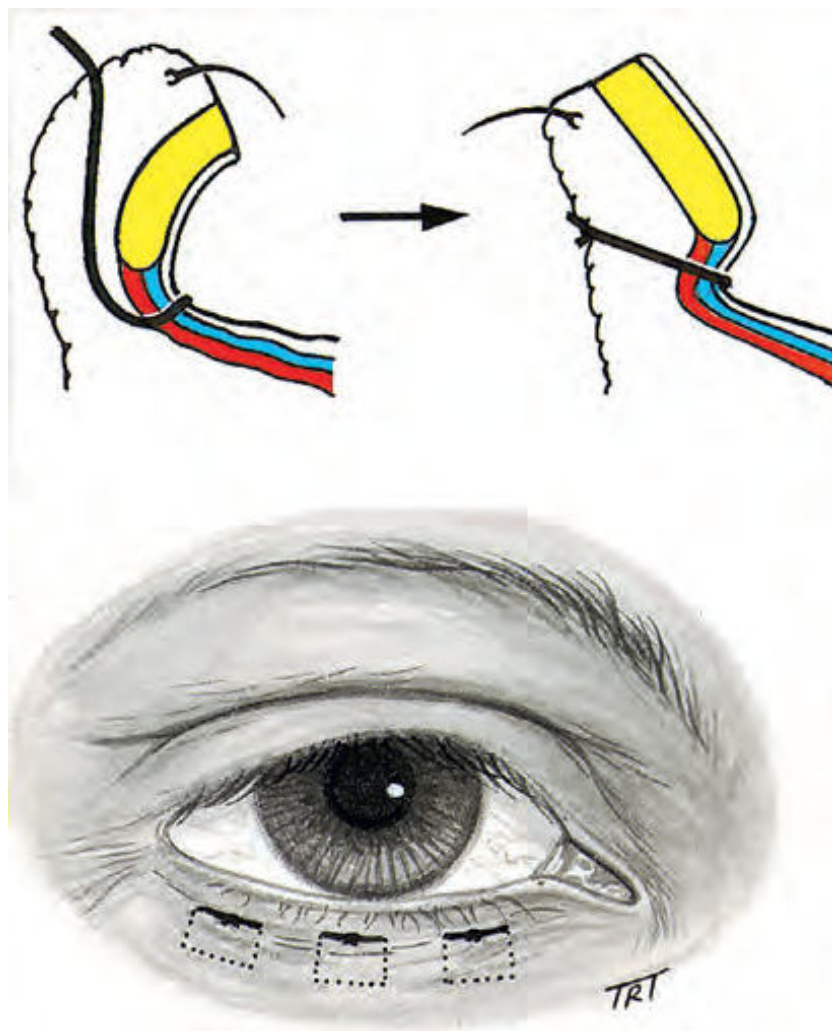




- Involutional Entropion (age related)
- ❖ Horizontal lid laxity
- ❖ Vertical lid instability
- ❖ Over-riding of pretarsal plate
- ❖ Orbital septum laxity

- Full thickness wedge excision/ Bicks procedure
- Transverse everting sutures (Over-riding)
- Weis procedure (long standing correction)
- Jones procedure (recurrences)

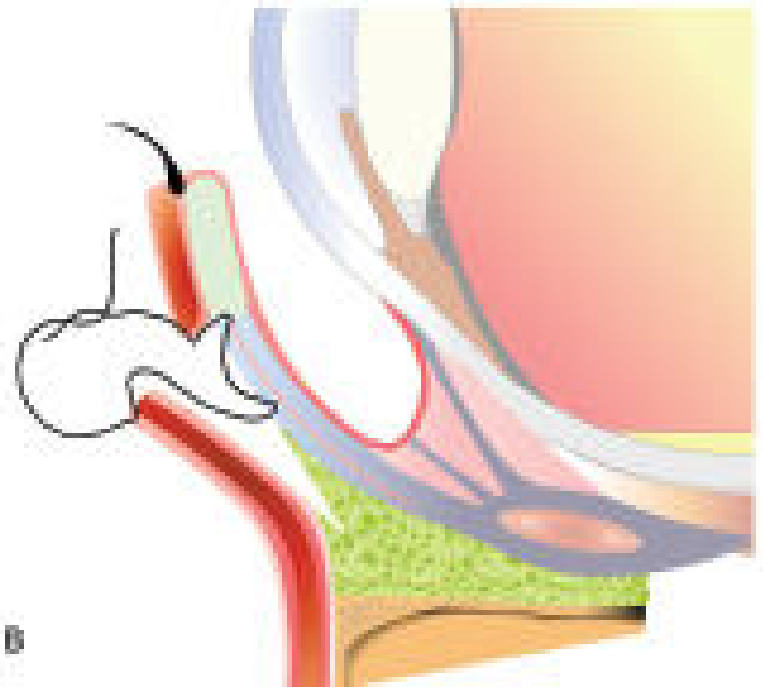
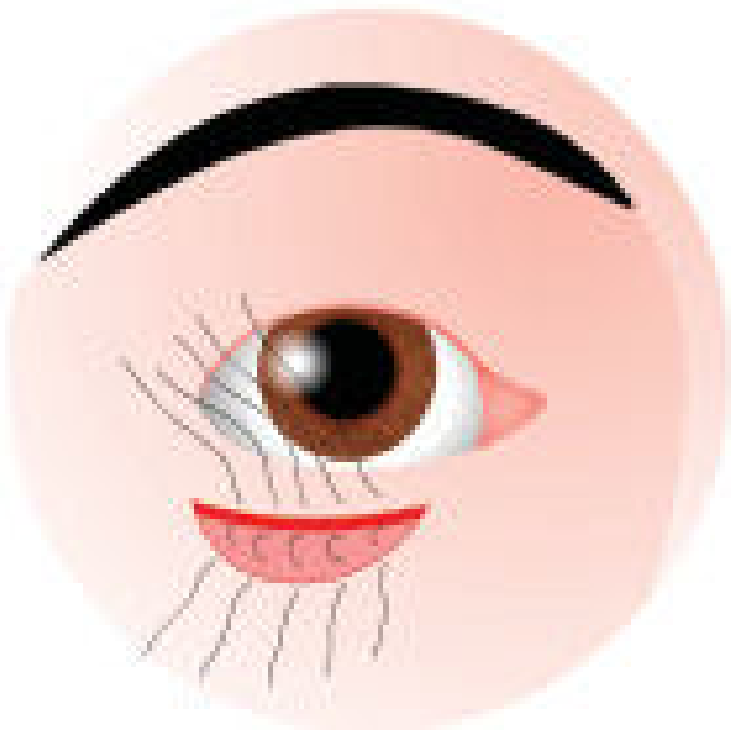
# Transverse everting sutures



# Weis procedure

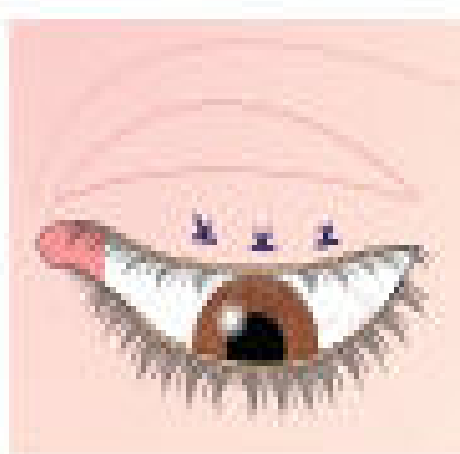
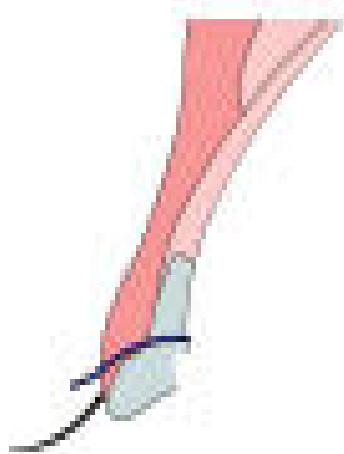
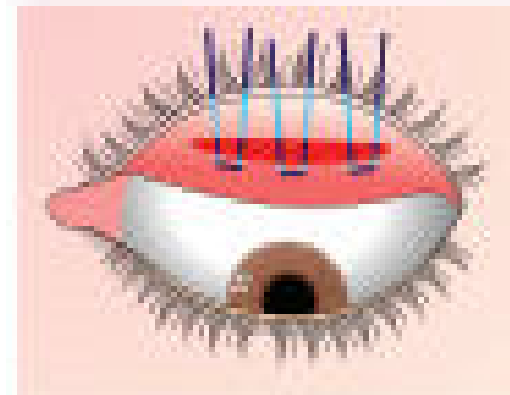
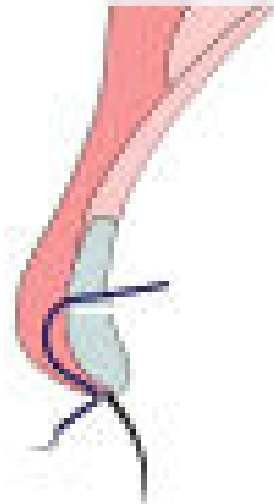
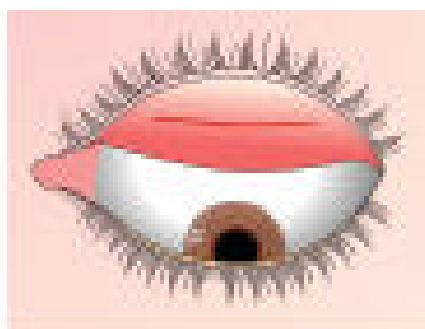
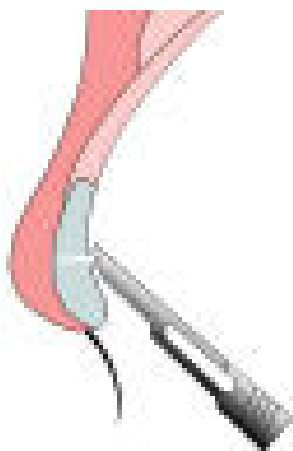


# Jones procedure



- Cicatricial entropion  
Due to conjunctival scarring  
Treatment : Tarsal fracture/ wedge resection

# Tarsal Fracture



- Spastic entropion
- Congenital entropion

# ECTROPION

- Eversion of lid margins and lashes away from the globe.
- Acquired – Involutional
  - Cicatricial
  - Paralytic
  - Mechanical
- Congenital

# ECTROPION

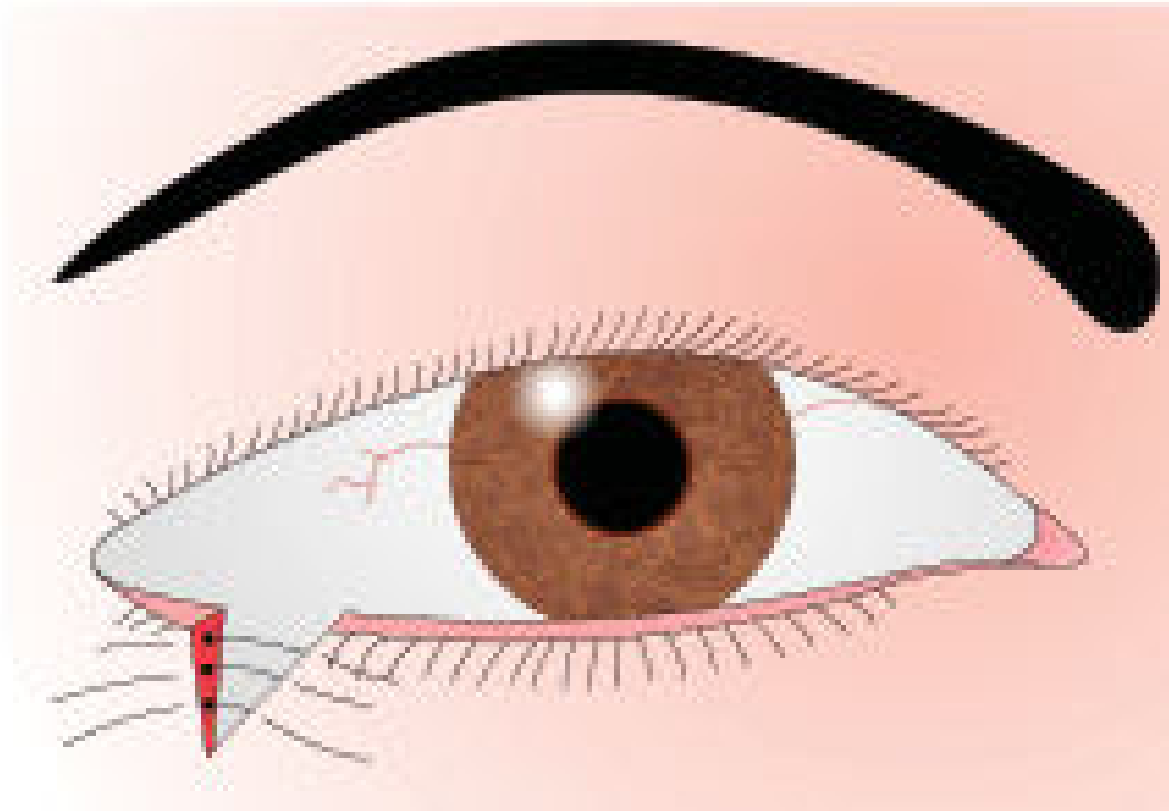


- Involitional Ectropion (Age Related)
  - Horizontal lid laxity
  - Medial canthal tendon laxity
  - Lateral canthal tendon laxity
  - Disinsertion of lower lid retractors

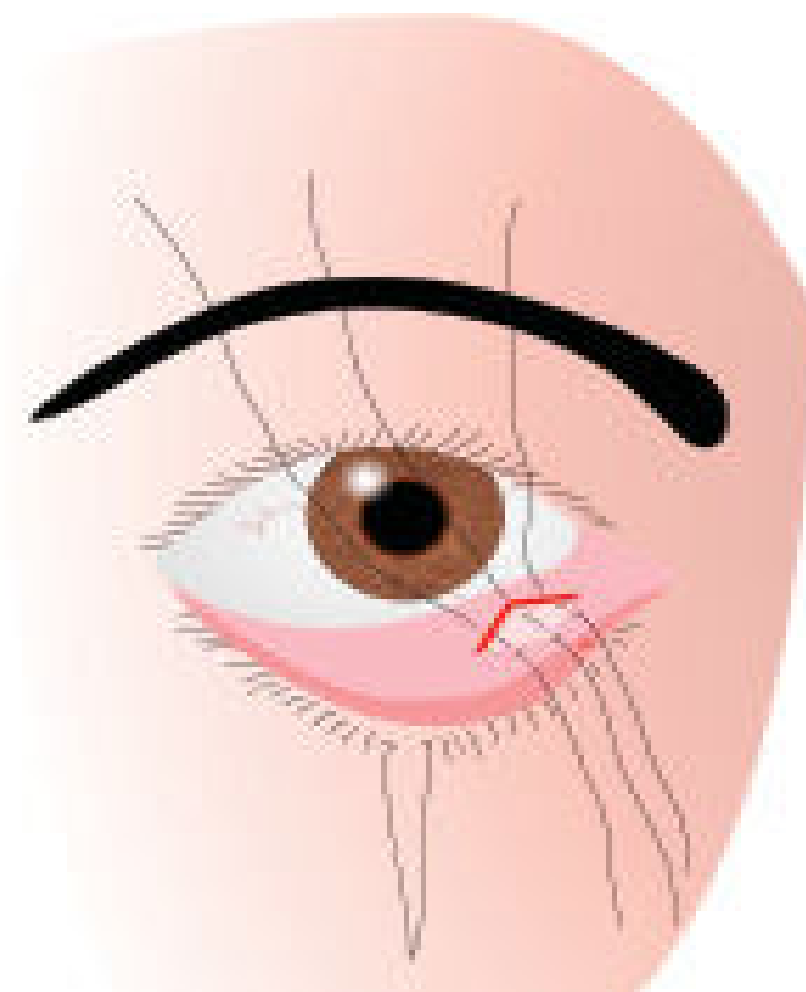
- Treatment
  - Wedge resection for horizontal lid laxity
  - Diamond excision for medial ectropion
  - Kuhnt-Szymanowski Procedure modified by Byron Smith for lateral ectropion



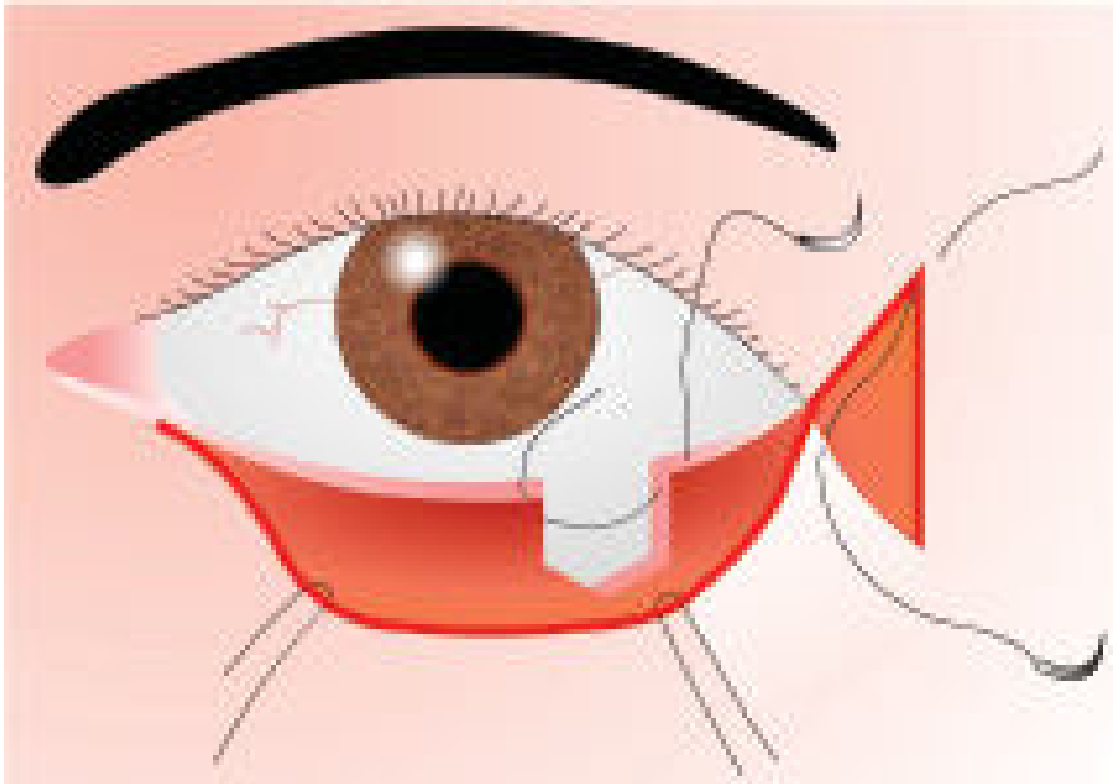
# Wedge resection for horizontal lid laxity



# Diamond excision for medial ectropion



# Kuhnt-Szymanowski Procedure

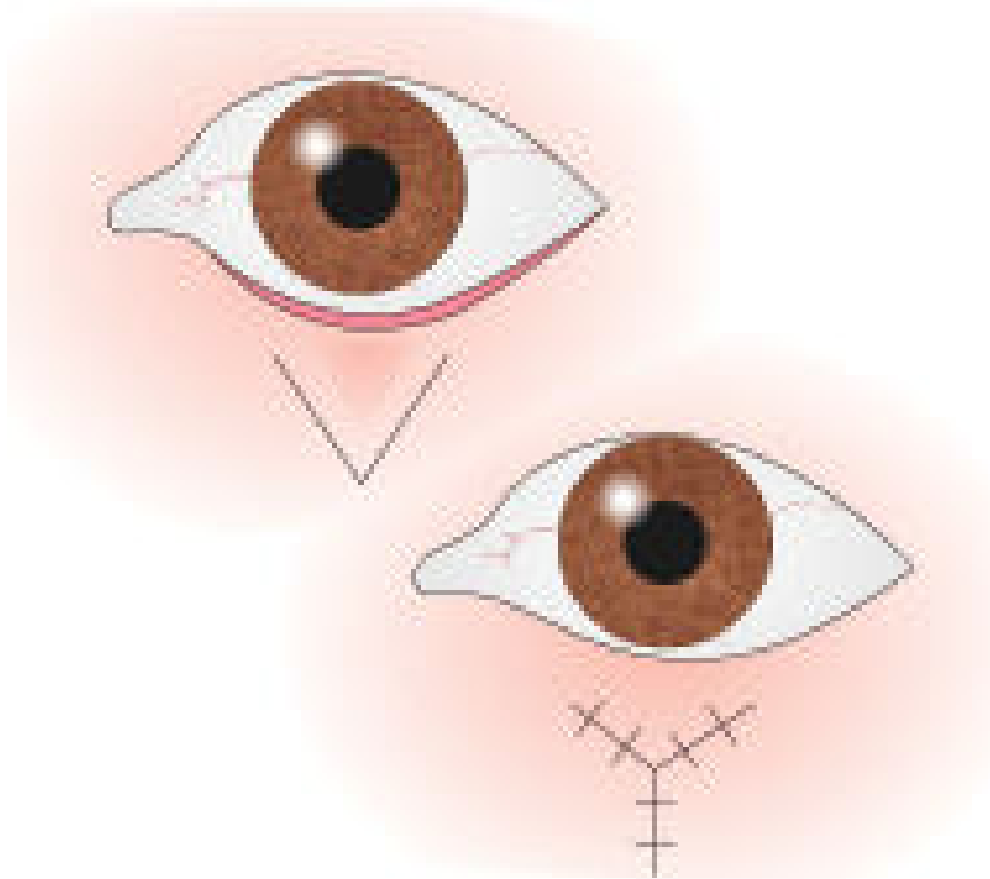


- Cicatricial Ectropion

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

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

# V-Y Plasty



- Paralytic Ectropion  
Facial nerve palsy or Bell's palsy.  
Tarsorrhaphy  
Medial canthoplasty  
Lateral canthal sling  
Upper lid lowering
- Mechanical ectropion (tumours)

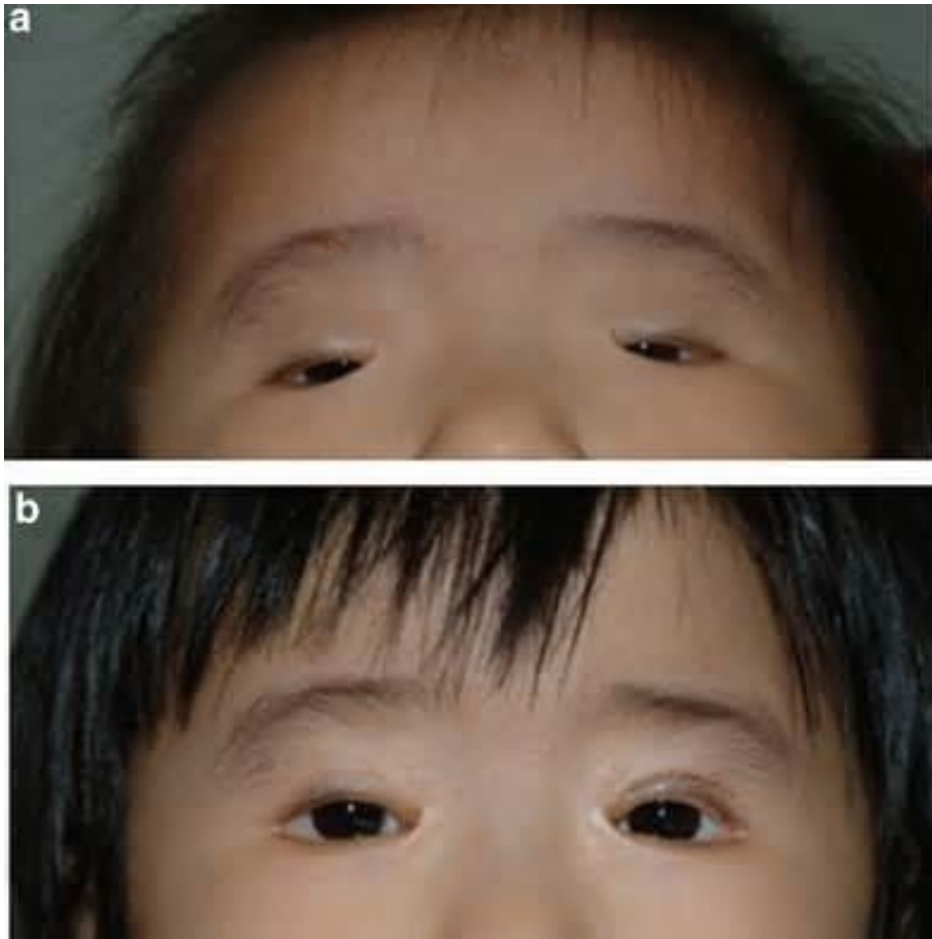
# SYMBLEPHARON



# ANKYLOBLEPHARON



# BLEPHAROPHIMOSIS



# PTOSIS

- Drooping of the upper lid to a level that covers more than 2mm of the superior cornea.
  1. Congenital
    - Simple
    - Complicated
  2. Acquired
    - Neurogenic
    - Myogenic
    - Aponeurotic
    - Mechanical

# PTOSIS



- MRD (margin reflex distance)  
Normal  $4\text{mm} \pm 1\text{mm}$



- Mild ptosis-  $< 2\text{mm}$
- Moderate -  $3\text{mm}$
- Severe –  $\geq 4\text{mm}$

- LPS Action  
Good  $> 8\text{mm}$   
Fair 5-7  
Poor  $\leq 4\text{mm}$

# SURGICAL TREATMENT

- **Fasanella-Servat**

LPS action good

Mild ptosis < 2mm

Horner's syndrome

# SURGICAL TREATMENT

- **LPS Resection (Cunjunctival approach)**

LPS action fair

Any type of ptosis

Moderate congenital or acquired ptosis

# SURGICAL TREATMENT

- LPS Resection (Anterior approach)

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.

# SURGICAL TREATMENT

- Frontalis suspension
  - LPS action poor
  - Ptosis  $>2$  mm
  - Congenital ptosis

# TUMOURS OF LIDS

- Benign growths
  - Xanthelasma
  - Naevus or mole
  - Haemangioma
  - Neurofibromatosis

# XANTHELASMA



- Malignant tumours
  - Basal cell carcinoma
  - Squamous cell carcinoma
  - Sebaceous cell carcinoma
  - Malignant melanoma

# BASAL CELL CARCINOMA



# SQUAMOUS CELL CARCINOMA





# SEBACEOUS CELL CARCINOMA



# MALIGNANT MELANOMA



# Thank You

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