Eyelid Malpositions: A Case Series

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### Ectropion

Outward rotation of the lid margin

- **Involutional**
  - Canthal tendon laxity
  - Retractor laxity

- **Mechanical**
  - Tumor
  - Edema
  - Prosthesis
  - Poor fitting glasses

- **Cicatricial**
  - Shortened anterior lamella
  - Burns
  - Trauma
  - Inflammation
  - Tumors

- **Paralytic**
  - CN VII palsy
  - Orbicularis weakness
  - Secondary midfacial descent
Ectropion Repair

- Horizontal Shortening
- Pentagonal Resection
- Lateral Tarsal Strip
- Medial Canthal Plication

- Punctal Inversion
- Medial excision of tarso-conjunctiva
- Cautery

- Repair of Retractors

Vertical Lengthening
- Skin Grafts
- Spacers
- Midfacial Lift

Lateral Tarsal Strip

Entropion

- in-turning of eyelid margin

Cicatricial
- Posterior lamellar shortening
- Trauma
- Burn
- Inflammation

Involutional
- Horizontal laxity
- Canthal Laxity
- Retractor instability
- Preseptal orbicularis overrides pretarsal orbicularis

Spastic
- Irritation causes blepharospasm
- Underlying involutional changes

Entropion Repair

- Temporary Repair
- Patching
- Quickert Suture
- Cautery

- Horizontal Shortening
- Pentagonal Resection
- Lateral Tarsal Strip
- Medial Canthal Plication

- Repair of Retractors

- Vertical Lengthening
- Margin rotation (Wies)
- Mucous Membrane Grafting

Quickert Suture
Excess Eyelid Skin

- **Blepharochalasis**
  - Familial idiopathic episodes of edema
  - Most frequent in young women
  - Skin thins and wrinkles

- **Dermatochalasis**
  - Excess skin and orbicularis
  - Orbital fat prolapse
  - Exacerbated by brow ptosis

- **Treatment**
  - Blepharoplasty

Blepharoplasty

- Upper eyelid
  - Excision of excess skin and orbicularis
  - ± Excision of fat
  - Reformation of eyelid crease
Ptosis

Age of onset
Congenital vs Acquired

Myogenic
Muscular Dystrophy
Oculopharyngeal Dystrophy
CPEO

Neurogenic
CN III Palsy
Marcus Gunn Jaw-Wink
Horner’s
Myasthenia Gravis

Aponeurotic
Disinsertion of levator

Mechanical
Tumors
Dermatochalasis

Traumatic

Important objective criteria to evaluate a normal eyelid from a ptotic eyelid

Palpebral fissure height
Margin to reflex distance
Lid crease height
Levator function

Lid Contour Characteristics

Enophthalmos

Anophthalmos
Microphthalmos
Phthisis Bulbi
Hyperopia
Dermatochalasis
Enophthalmos
Contralateral Lid Retraction

Pseudoptosis
Ptosis Repair

**Levator Aponeurosis Advancement**
- Best with good levator function
- External or Internal Approach

**Müller’s Muscle Resection**
- Pre-test with Phenylephrine 2.5%
- Repairs up to 2mm of ptosis
- Internal Approach

**Frontalis Suspension**
- For poor levator function
- Fascia, Silicone Rods

External Levator Resection

- Logical approach addresses levator dehiscence
- Addresses superior sulcus defect from retracted pre-aponeurotic fat pad
Phenylephrine 2%

Phenylephrine 2%

Pre-phenylephrine 2%  Post-phenylephrine 2%

Müllerectomy

- Appropriate for minimal ptosis
- Maximum of 2 mm lift
- Evaluate with preoperative phenylepherine