

## LID-RETRACTION SECONDARY TO CONTRALATERAL PTOSIS\*

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VERY few cases can be found in the literature in which lid-retraction occurs secondary to ptosis of the contralateral eye, and the following case report may therefore be of interest.

### Case Report

A 3-year-old girl, first seen in the eye department of the Institute of Post-graduate Medical Education and Research, Chandigarh, had suffered from ptosis for the last 2 years, and on further inquiry the parents agreed that the drooping of the left lid had been present even earlier. Photographs substantiated the view that the child had suffered from ptosis since birth.

*Examination.*—The visual acuity was 6/9 in each eye. Refraction under atropine revealed slight hypermetropia. Both fundi were normal. The movements of the eyes were full and the eyes were orthophoric on cover test. The action of the left superior rectus was normal. The child was attempting to correct the lid deformity by elevating the eyebrow. There was no evidence of jaw-winking (Marcus Gunn phenomenon). The pupils were of equal size and there was no evidence of enophthalmos. The right eye looked very prominent because of the marked retraction of the upper lid (Fig. 1).

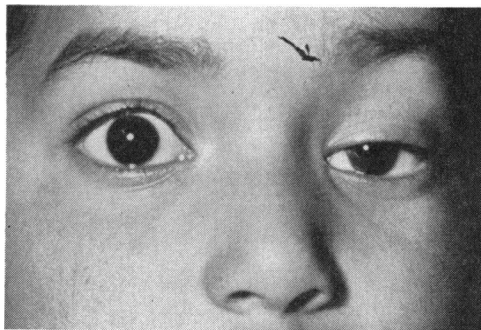


FIG. 1.—Retraction of right upper eyelid, and left ptosis.

Urine, blood examination, and x rays of the skull revealed nothing relevant. A chest x ray, taken at the suggestion of the physician, excluded the possibility of Horner's syndrome. The patient was observed in the out-patients' department for 18 months with no significant change. Surgical correction of the ptosis was postponed because the parents would not agree to it.

On December 26, 1963, at the last examination, the lid-retraction of the right eye was unchanged, and persisted even when moderate pressure was applied to the supra-orbital margin (Fig. 2, opposite), but could be rectified by covering the left eye (Fig. 3, opposite).

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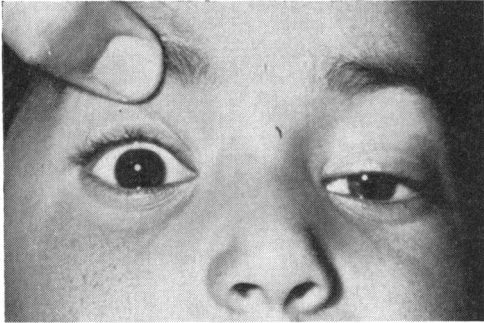


FIG. 2.—Persistent right upper lid-retraction.

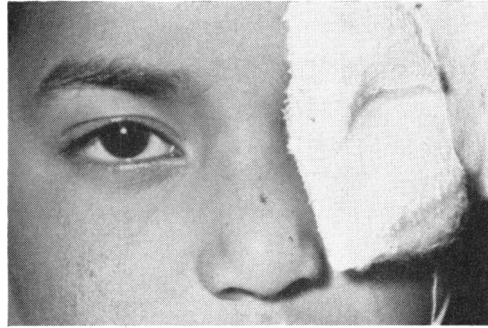


FIG. 3.—Normal right upper eyelid when left eye covered.

### Discussion

One of us (Jain, 1963) has recently reported lid-retraction in the non-paretic eye in a case of acquired ophthalmoplegia. Retraction of the left upper lid occurred after ophthalmoplegic migraine affecting the right third nerve. Finding no other abnormality, Jain concluded that the lid-retraction was a secondary phenomenon.

A similar but slightly different case was reported by Lewallen (1958); lid-retraction developed in the sound eye after traumatic ophthalmoplegia in the contralateral eye.

We have not found a case report in which an uncomplicated congenital ptosis led to obvious retraction of the upper lid of the other eye. The present case supports the view that the levators act as yoke muscles, working as synergists in accordance with Hering's law.

### REFERENCES

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