

**CONGENITAL ECTROPION ASSOCIATED WITH
BILATERAL PTOSIS—CASE REPORT***

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A CASE of mild congenital ectropion of all four eyelids, associated with ptosis of the upper lids, is reported. We have not seen, nor have we found described in the literature, a similar condition, although our search of the relevant literature has not been exhaustive. The lesion would appear to be of sufficient rarity to justify this communication.

The patient, E. B., a male, aged 23 years, reported for treatment in December, 1942, because of the deformity of his eyelids and the discomfort resulting therefrom.

He slept with his eyes open, and, during the night, mucoid discharge accumulated in the palpebral fissures. Dust and dirt produced irritation which made it impossible for the patient to work where dust was present. There was mild epiphora.

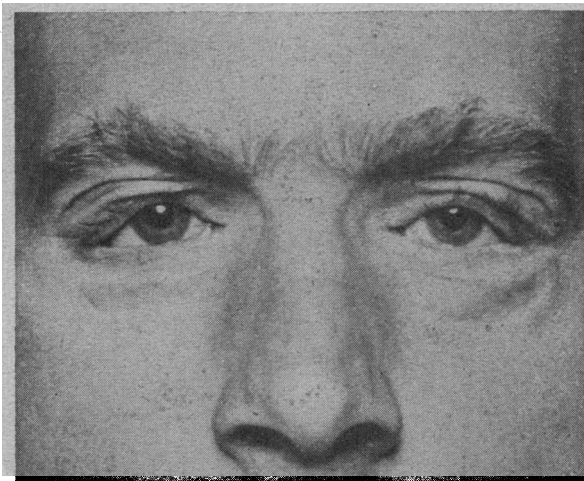
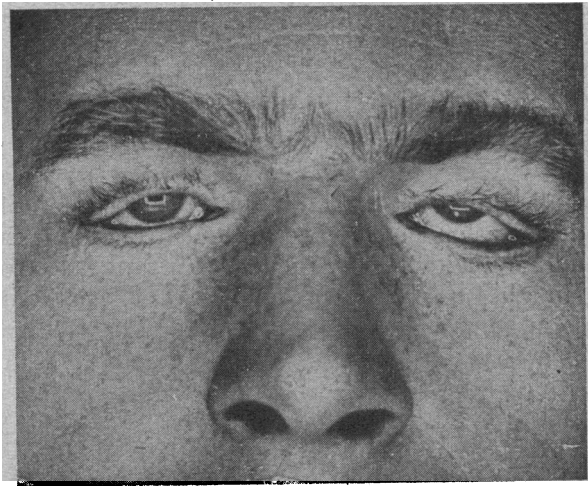
His mother's eyes are reported to be normal. He has no personal recollection of his father but has been told that his father had a similar condition. There are six brothers and three sisters, of whom two brothers and one sister have defects of the same nature, although not so marked.

On examination the palpebral fissures are seen to slope slightly down and out. There is a mild degree of ectropion of all four lids in the outer half, more marked in the lower lids. Lashes are present in normal position and distribution. No evidence of bony abnormality of the face could be found on clinical or radiological examination. The upper lids were obviously short of skin, and could not be elevated actively.

Eye examination. (B. H. C.). In addition to these deformities this patient had an alternating hyperphoria and alternating convergent strabismus of about fifteen degrees. His vision was R. 6/12, L. 6/12, and a high degree of hypermetropic astigmatism existed. Vision could not be improved by the use of lenses. No fundal abnormalities were noted.

Treatment. (S. G.) consisted in letting into each upper lid a thin Thiersch graft cut from the arm, and into the lower lids a Wolfe graft of post-auricular skin. This was followed some four months later by fascial slings hitching the upper lids to the frontalis muscle in order to overcome the ptosis.

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The upper photograph shows the pre-operative appearance.
The lower photograph shows the post-operative appearance.

The patient is now able to elevate his upper eyelids easily. His ectropion is cured and he can protect his eyes from dust. During sleep his eyes are closed. The grafts in the lower lids are very satisfactory, in the upper lids they are still rather noticeable.

Summary

A case of congenital ectropion of all four lids, associated with ptosis of the upper lids, without any abnormality of the facial bones, whose condition has been improved by operative therapy, is reported.