

5.11.2. Eyelid or Facial Abnormalities (II): Ptosis (II)

single central nucleus innervates both levator palpebrae muscles

See Table 11-1

❤️ bilateral ptosis

💡 may be the only manifestation of a nuclear third nerve palsy

associated abnormalities in pupillary size and extraocular movements

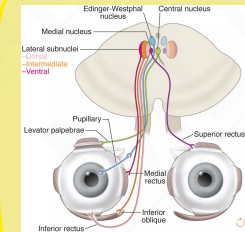


Figure 11-34 (© 2020 American Academy of Ophthalmology)

Neurogenic ptosis

lesion of the cerebral (typically right) hemisphere

Cerebral ptosis

bilateral or unilateral

transient

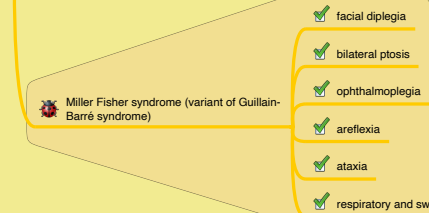
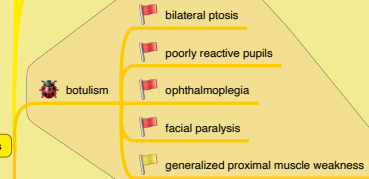
myasthenia gravis

chronic progressive external ophthalmoplegia

oculopharyngeal dystrophy

myotonic dystrophy

Systemic disorders



Long-term use of steroid eyedrops

localized steroid-induced myopathy of the levator muscle

ptosis

Posterior sub-Tenon steroid injections

★ the most frequent cause of acquired ptosis

❤️ levator function is usually normal

❤️ high eyelid crease

Levator aponeurotic defects

stretching, dehiscence, or disinsertion of the levator aponeurosis

frequent eye rubbing

prolonged contact lens use

intraocular surgery eyelid speculum

Traumatic and mechanical

generally evident from inspection of the eyelids