

## 7.11.4. Blepharoptosis (II): Classification

### Pseudoptosis

- hypertropia
- enophthalmos
- microphthalmia
- anophthalmia
- phthisis bulbi
- superior sulcus defect secondary to trauma or other causes
- contralateral upper eyelid retraction



Figure 11-14 (© 2020 American Academy of Ophthalmology)

excess upper eyelid skin overhangs the eyelid margin

dermatochalasis

### Traumatic ptosis

- myogenic
- aponeurotic
- neurogenic
- mechanical

orbital and neurosurgical procedures may also lead to traumatic ptosis

management

- eyelid or orbital mass weighs or pulls down the upper eyelid
- plexiform neurofibroma
- hemangioma
- large chalazion
- skin carcinoma
- postsurgical/posttraumatic edema

### Mechanical ptosis

congenital abnormality

acquired neoplasm

### Myogenic ptosis

#### Congenital myogenic ptosis

- dysgenesis of the levator muscle
- fibrous or adipose tissue is present in the muscle belly
- decreased levator function
- amount of levator function is an indication of the amount of normal muscle
- lid lag
- lagophthalmos
- upper eyelid crease is often absent or poorly formed
- monocular elevation deficiency
- congenital myogenic ptosis + poor Bell phenomenon or vertical strabismus
- may indicate concomitant maldevelopment of the superior rectus and levator muscles



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

#### Acquired myogenic ptosis

- etiology
  - muscular dystrophy
  - chronic progressive external ophthalmoplegia
  - MG
  - oculopharyngeal dystrophy
- treatment
  - frontalis sling procedures

### Aponeurotic ptosis (acquired)

- most common form of ptosis
- pathogenesis
  - stretching or dehiscence of the levator aponeurosis or disinsertion from its normal position
- etiology
  - involational
  - repetitive traction on the eyelid
  - frequent eye rubbing
  - prolonged use of rigid contact lenses
  - intraocular surgery
  - eyelid surgery
- clinical presentation
  - high or an absent upper eyelid crease
  - upward displacement or loss of the insertion of levator fibers into the skin
  - thinning of the eyelid superior to the upper tarsal plate
  - normal levator function (12–15 mm)
  - limits the superior visual field
  - worse in downgaze
  - interferes with patient's ability to read