

FLOPPY EYELID SYNDROME

- Overview
 - First described in 1981 by Culbertson and Ostler
 - Stereotypical patient is a obese, middle-aged male

Epidemiology

- Race
 - most commonly reported in caucasian race - probably artifact
- Age
 - usually discovered fro 40-50, range 25-80
- Sex
 - slightly higher prevalence in men

SYMPTOMS

- Generally consist of ocular injection and irritation.
- Itching and stringy mucous discharge, particularly upon awakening are also common.
- The symptoms may appear unilaterally or asymmetrically.
 - Often correlating with the side the patient sleeps on

SYMPTOMS

- Often Associated with Chronic Obstructive Sleep Apnea
 - Daytime Somnolence
 - Morning Headaches
 - Frequent episodes of waking up during the night

PHYSICAL FINDINGS

- Eyelids are Floppy, Rubbery, and Easily Evertible.
- Associated with a chronic papillary conjunctivitis of the upper palpebral conjunctiva.
- Lash ptosis, ptosis, and dermatochalasia
- Punctate corneal epitheliopathy and mucous strands in the tear film and fornices may also be apparent
- May be associated with meibomian gland dysfunction/atrophy, dry eye, and rosacea

PHYSICAL FINDINGS

- Periobital changes
 - Brow ptosis,dermatochalasis, Blepharoptosis
 - Attenuation or dehiscence of the lateral canthal tendon
 - Lacrimal gland prolapse
 - Lagophthalmos









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PATHOPHYSIOLOGY

- Several histopathologic studies have demonstrated a significant decrease in tarsal elastin
- tarsal collagen appears normal in patients with floppy eyelid syndrome

PATHOPHYSIOLOGY

- Two theories as to the cause of the corneal and conjunctival findings:
 - most widely held theory suggests that, because of the lid laxity and tendency of these patients to lie on their sides or in a "face-down" position, spontaneous lid eversion occurs during sleep which leads to mechanical abrasion of the ocular surface
 - poor apposition of the upper eyelid to the globe, instigating an inadequate tear distribution and subsequent desiccation of the ocular surface and ocular inflammation.

Chronic Obstructive Sleep Apnea (COSA)

- High association with Floppy Eyelid Syndrome
- Associated with other serious ocular disorders such as:
 - Glaucoma
 - Ischemic optic neuropathy
 - Papilledema secondary to increased intracranial pressure.

Chronic Obstructive Sleep Apnea (COSA)

- **Potentially Fatal**
- Can lead to systemic or pulmonary hypertension
- Congestive heart failure from cardiomyopathy
- Cardiac arrhythmia

MEDICAL REFERRAL

- Weight loss and consultation with a sleep physician for appropriate studies are highly recommended to detect COSA
- Treatment of obstructive sleep apnea
 - Nasal continuous positive airway pressure (CPAP)
 - Surgical intervention usually involves modification of the oropharyngeal airway





MEDICAL MANAGEMENT

- Topical lubricating or antibiotic ophthalmic ointment in the affected eye is indicated for mild corneal or conjunctival abnormalities.
 - Prefer erythromycin secondary to coexisting meibomian gland dysfunction
- Doxycycline 100 mg PO qd, may be prescribed if meibomian gland dysfunction and/or rosacea is suspected.
- Tape the eyelids closed and/or wear an eye shield while asleep to protect the conjunctiva and the eye from rubbing on the pillow

SURGICAL MANAGEMENT

- Horizontal shortening of the lateral upper eyelid can be performed by a full-thickness resection of the lateral one third of the eyelid margin or via tarsal strip
 - prefer at one third of the eyelid margin
- lower eyelids can be tightened at the lateral canthus using a standard lateral tarsal strip procedure
- Small lateral tarsorrhaphy may be beneficial



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