

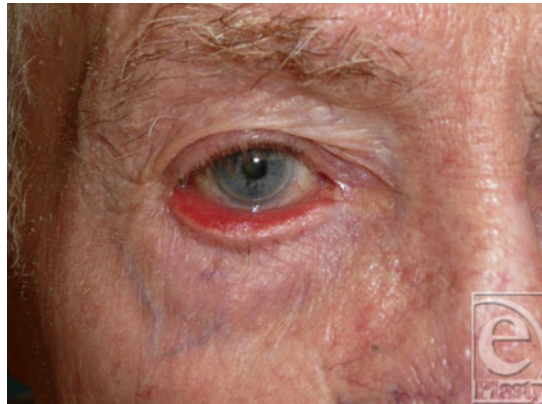
Interesting Case Series

Ectropion

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DESCRIPTION

An elderly gentleman presented with 1-year history of bilateral eye tearing, dryness, and irritation. Physical examination demonstrated outward turning of the lower eyelid margins and scleral show. Snapback test of the lower eyelid was greater than 1 second.

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QUESTIONS

- 1. What is the most likely cause of lower eyelid ectropion in this patient?**
- 2. What is the snapback test?**
- 3. What is the most appropriate management?**

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DISCUSSION

Ectropion involves eversion of the eyelid margin away from the globe. Causal factors leading to ectropion include horizontal laxity of the eyelid (involutional), vertical shortening of the anterior lamella of the eyelid (congenital or cicatricial), paralysis of the orbicularis oculi muscle causing loss of eyelid muscular tone, and neoplasia within the lower eyelid pulling or forcing the eyelid away from the globe.

Our patient has involutional ectropion, which is the most common form of ectropion. A major factor is horizontal lid laxity, usually due to age-related weakness of the canthal ligaments and the pretarsal orbicularis. Patients have been suggested to have an age-normal or larger than normal tarsal plate, which may mechanically overcome normal or decreased orbicularis tone, in conjunction with canthal tendon laxity. In addition, disinsertion of the capsulopalpebral fascia from the inferior border of the tarsal plate may lead to severe tarsal ectropion.

Findings from physical examination of abnormal snapback test in the above patient suggest abnormal horizontal laxity of the lower eyelid. The snapback test can be used to assess horizontal laxity of the eyelid. After being pulled away from the eye, the time it takes for the lid to resume a normal position is measured.

Protection of the ocular surfaces is the primary goal. Surgical intervention is warranted, but medical therapy must be initiated to prevent complications related to dry eyes, which may lead to a risk of visual compromise.

Symptomatic and prophylactic therapy can be applied using artificial tear ointment or drops; moisture shields are also helpful. In addition, the lower lid can be taped back into position.

Corrective surgical procedures for involutional ectropion include lateral canthoplasty, lateral wedge excision, and the Kuhnt-Szymanowski technique. If the ectropion is primarily medial, the following may be performed: inferior punctoplasty, Byron Smith Lazy-T procedure, or medial canthal plication.

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