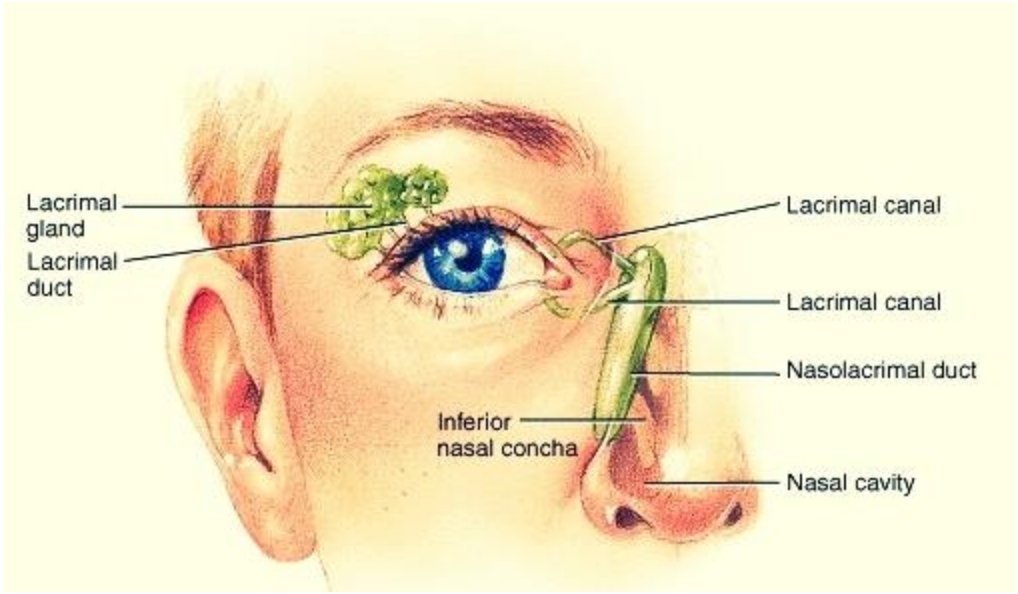
Approach to Common Eyelid Conditions

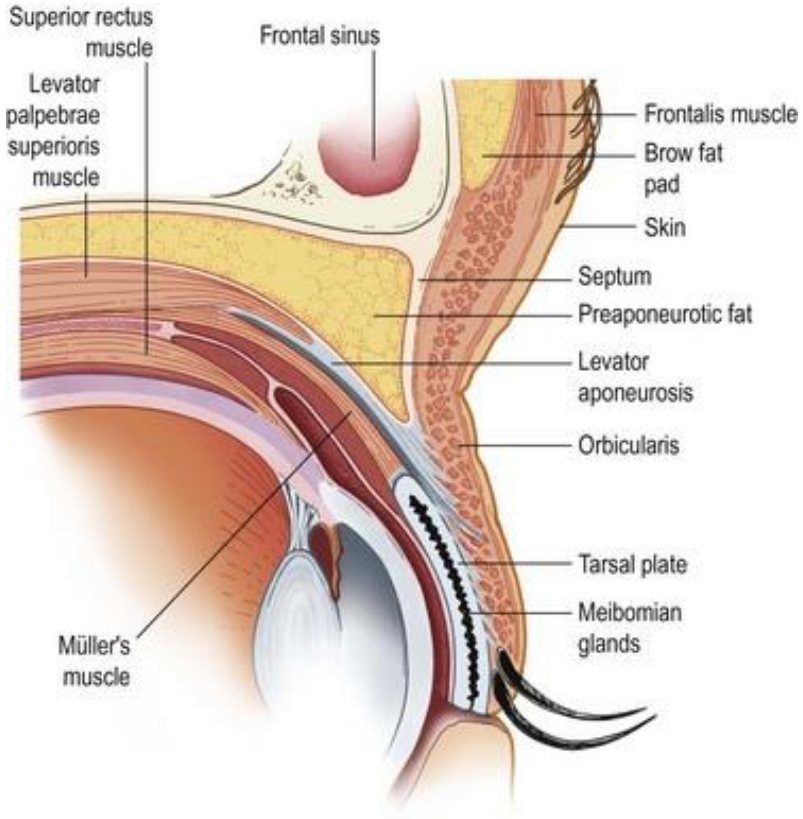
Dr Roy Tan
Visiting Consultant
NHG Eye Institute
Woodlands Health

Introduction

- Eyelid lumps and bumps
  - Infection
  - Benign and malignant lesions
- Ptosis
- Proptosis
- Tearing

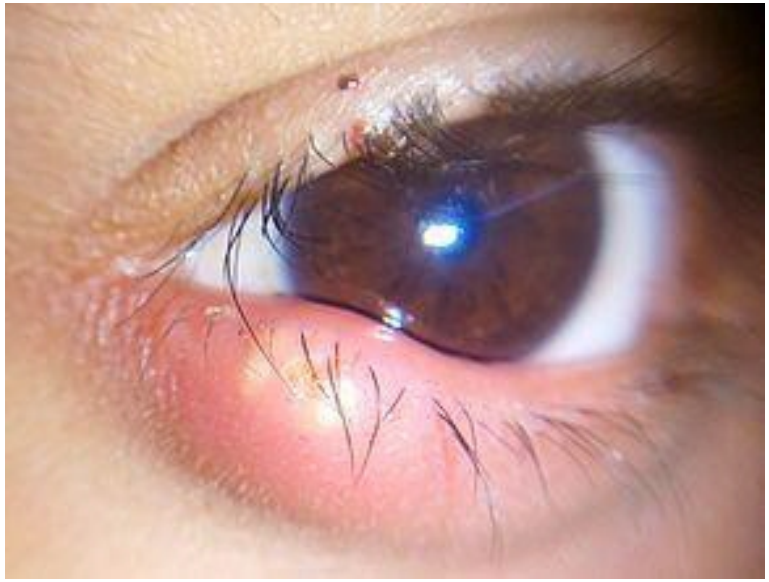
Anatomy


Lacrimal gland
Lacrimal duct
Lacrimal canal
Lacrimal canal
Nasolacrimal duct
Inferior nasal concha
Nasal cavity

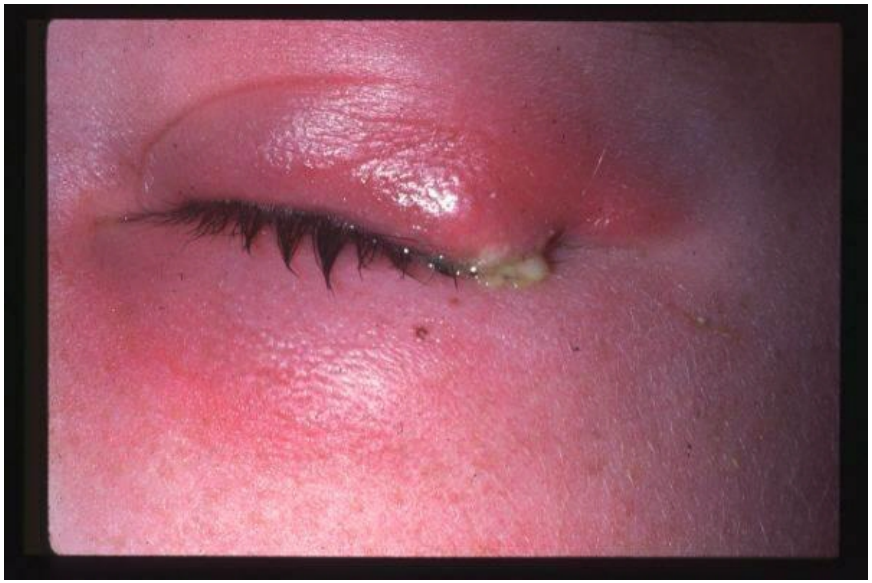

Superior rectus muscle
Frontal sinus
Levator palpebrae superioris muscle
Frontalis muscle
Brow fat pad
Skin
Septum
Preaponeurotic fat
Levator aponeurosis
Orbicularis
Tarsal plate
Meibomian glands
Müller's muscle

Infection

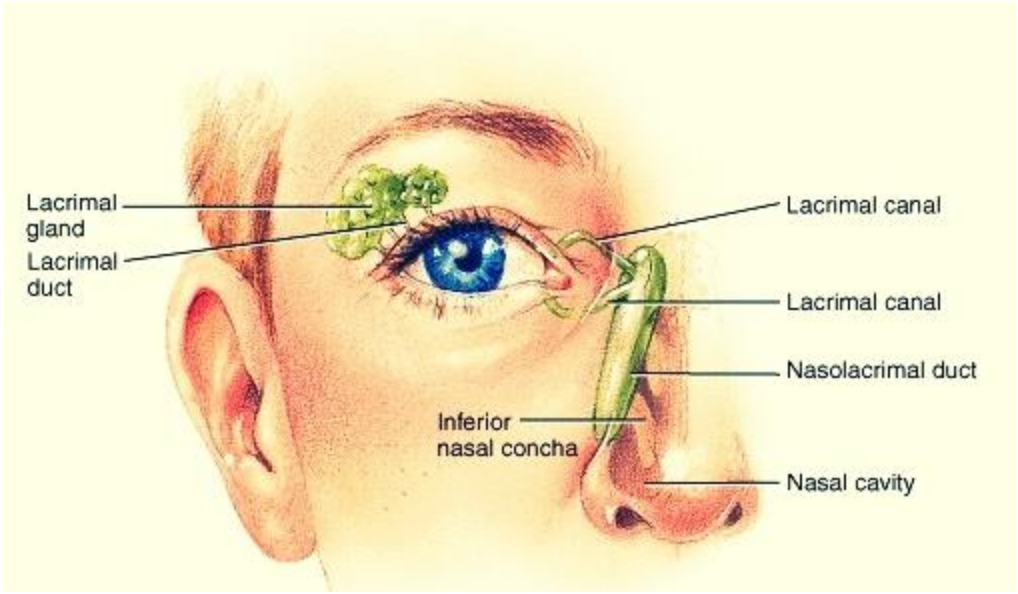
- Chalazion
  - Warm compress
  - Lid hygiene
  - Ointments
    - Chlortetracycline
    - Fucithalmic
  - Incision and Curettage



- Preseptal cellulitis
  - Oral antibiotics
  - KIV admit for IV antibiotics



Anatomy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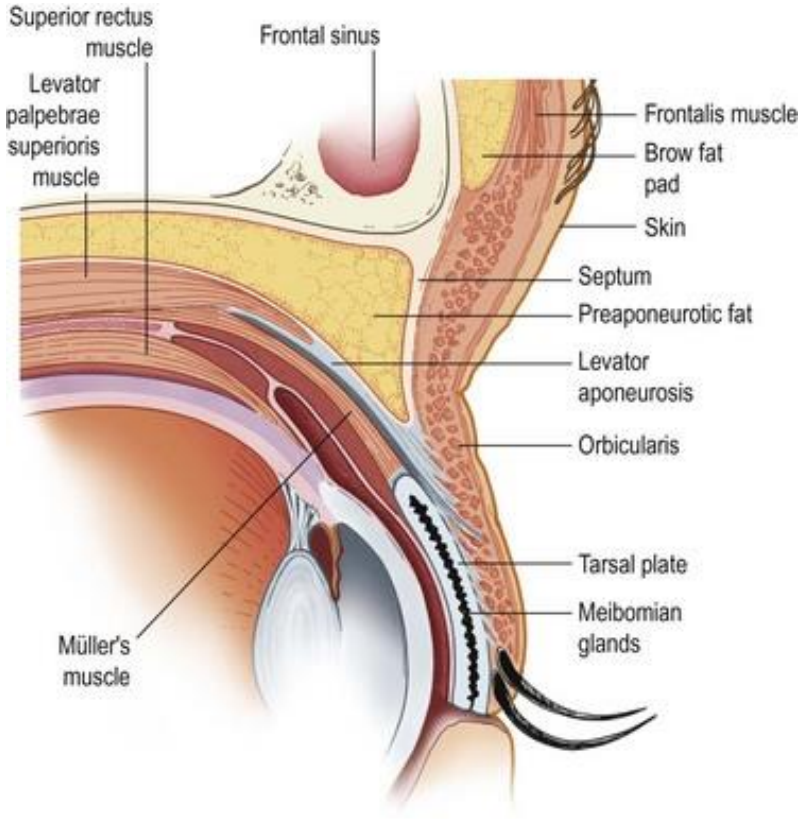
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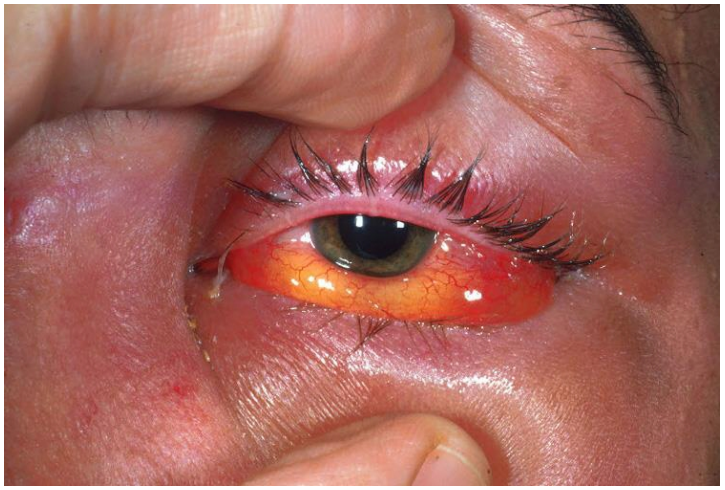
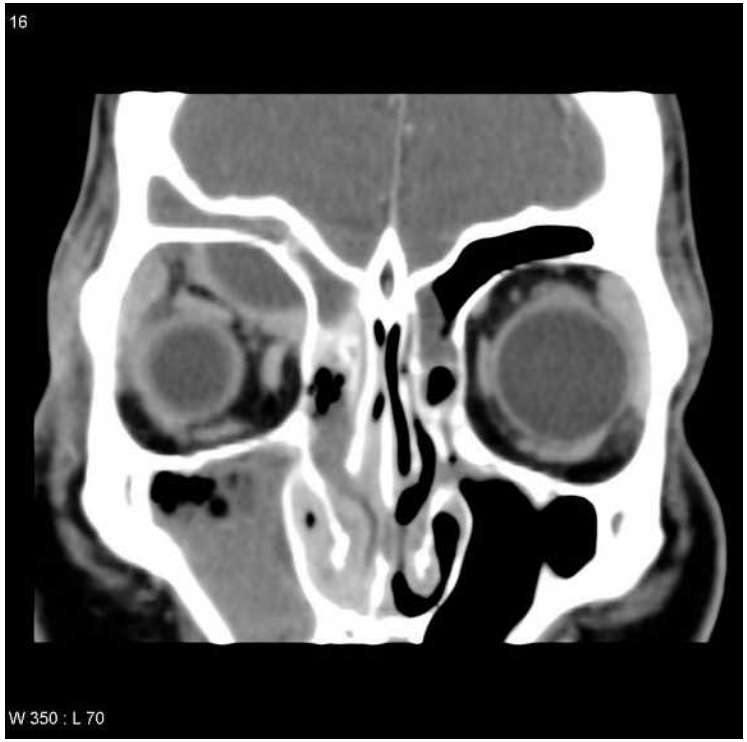
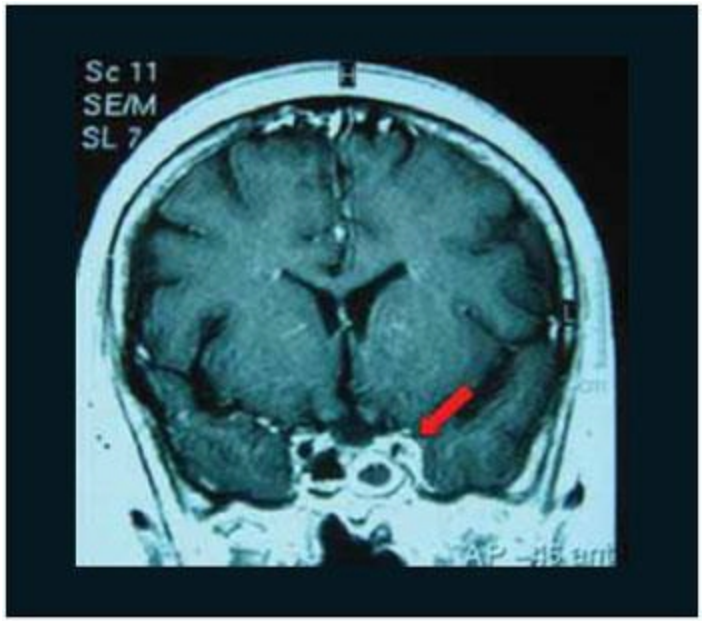


Orbital cellulitis



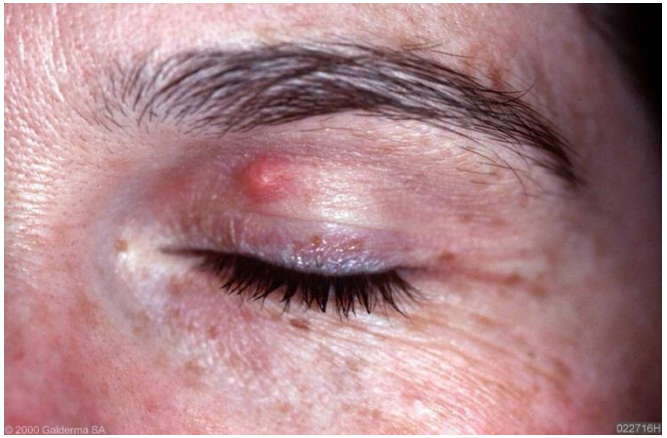
Orbital/subperiosteal abscess



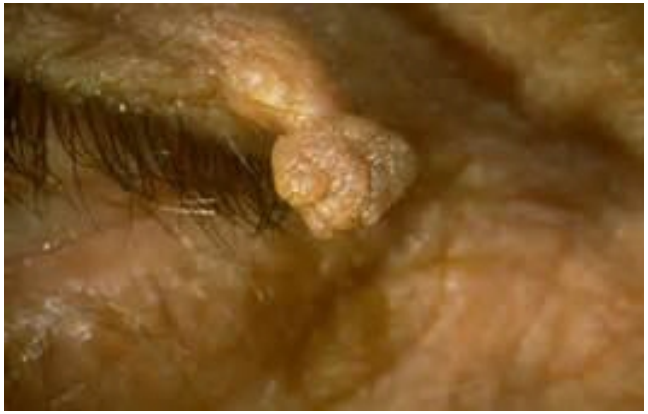
Cavernous sinus thrombosis

Benign Eyelid Lesions

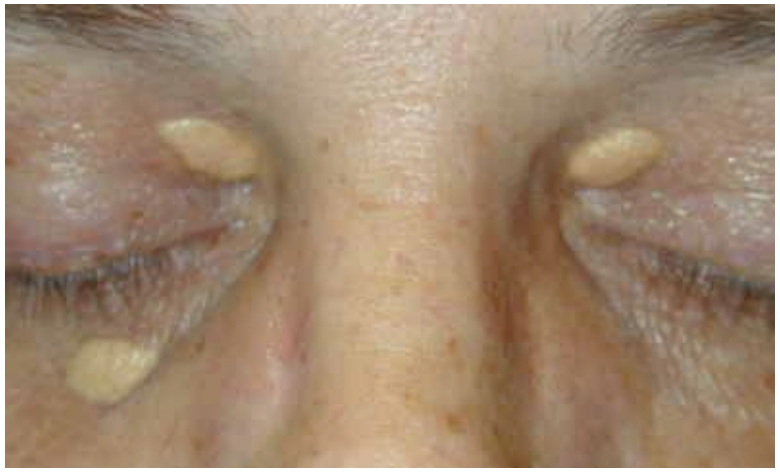
- Epidermoid cyst



- Eyelid papilloma

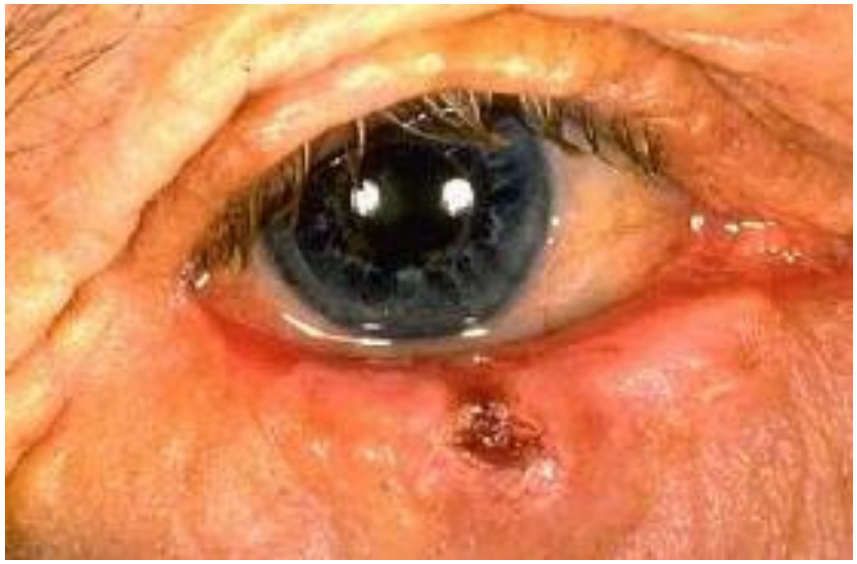


- Xanthelasma
  - Hyperlipidaemia

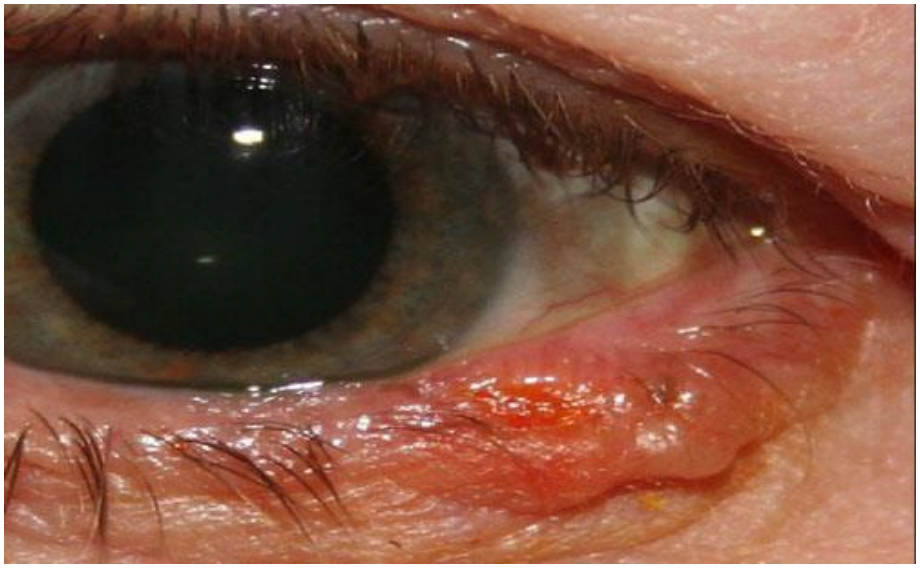


Malignant Eyelid Tumours

- **Red flags:**
  - History
    - Increase in size
    - Discharge
    - Bleeding
    - +/- pain
  - Examination
    - Ulceration
    - Loss of eyelashes
    - Destruction of eyelid margin architecture



Basal cell carcinoma (lower eyelid)



Squamous cell carcinoma

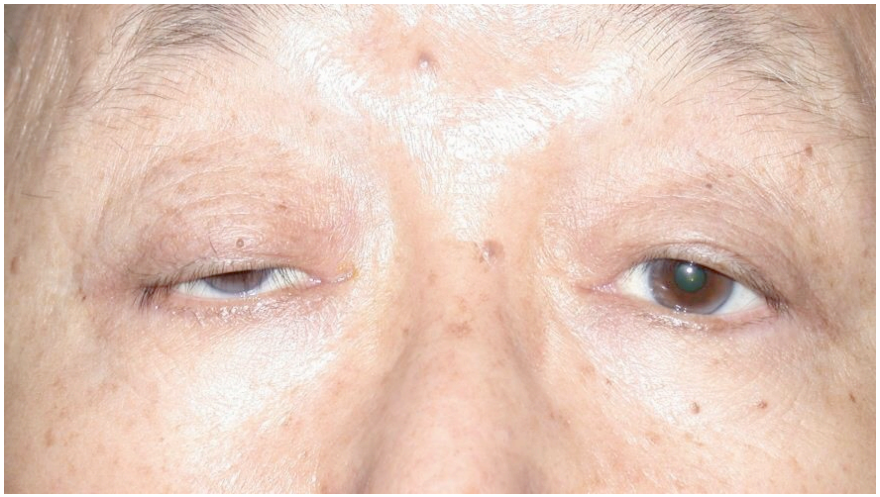
Sebaceous cell carcinoma
- Beware of the 'recurrent chalazion'!

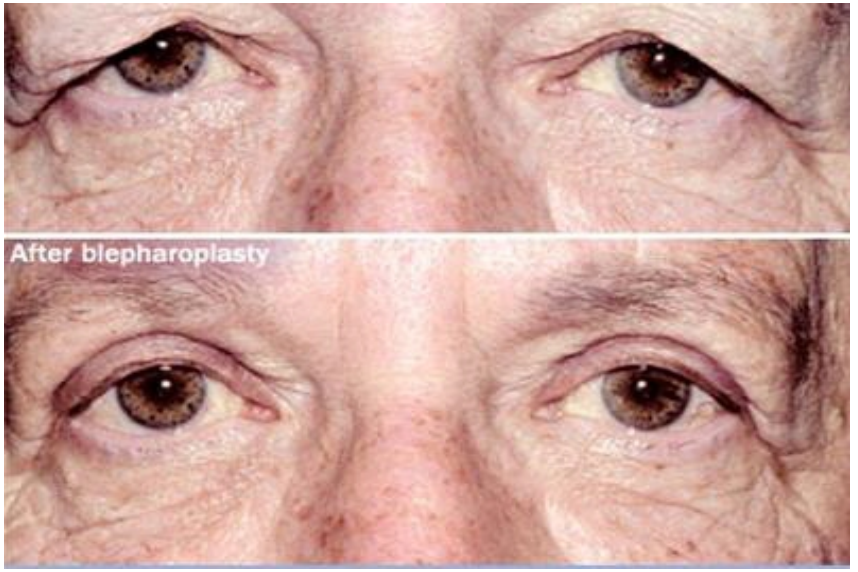
Melanoma of eyelid

- Eyelid lumps and bumps
  - Infection
    - How to treat simple infections
  - Benign and malignant lesions
    - Recognize benign lesions
    - Be aware of RED FLAGS of malignant lesions
- Ptosis
- Proptosis
- Tearing

Is this really Ptosis?

- Ptosis vs Dermatochalasis

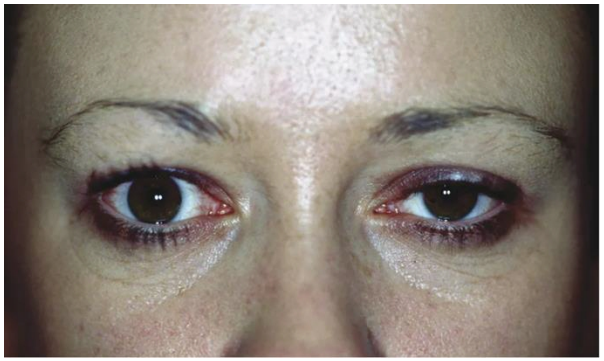


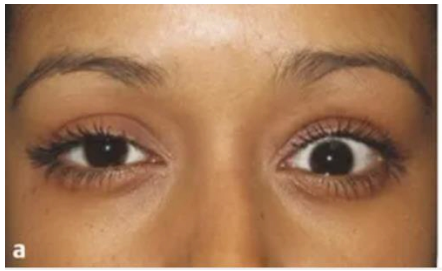


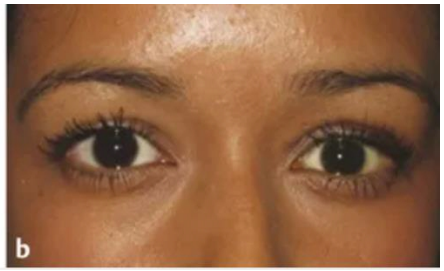
- Note the marginal reflex distance (from upper lid to corneal reflex) on both eyes

Is this really Ptosis?

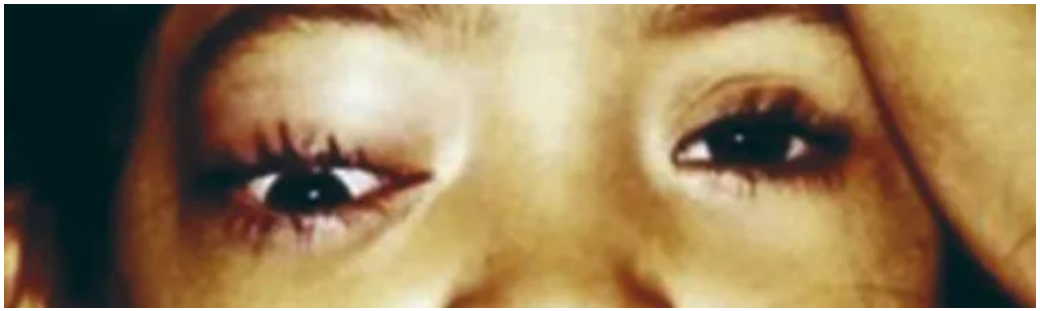
- Contralateral lid retraction





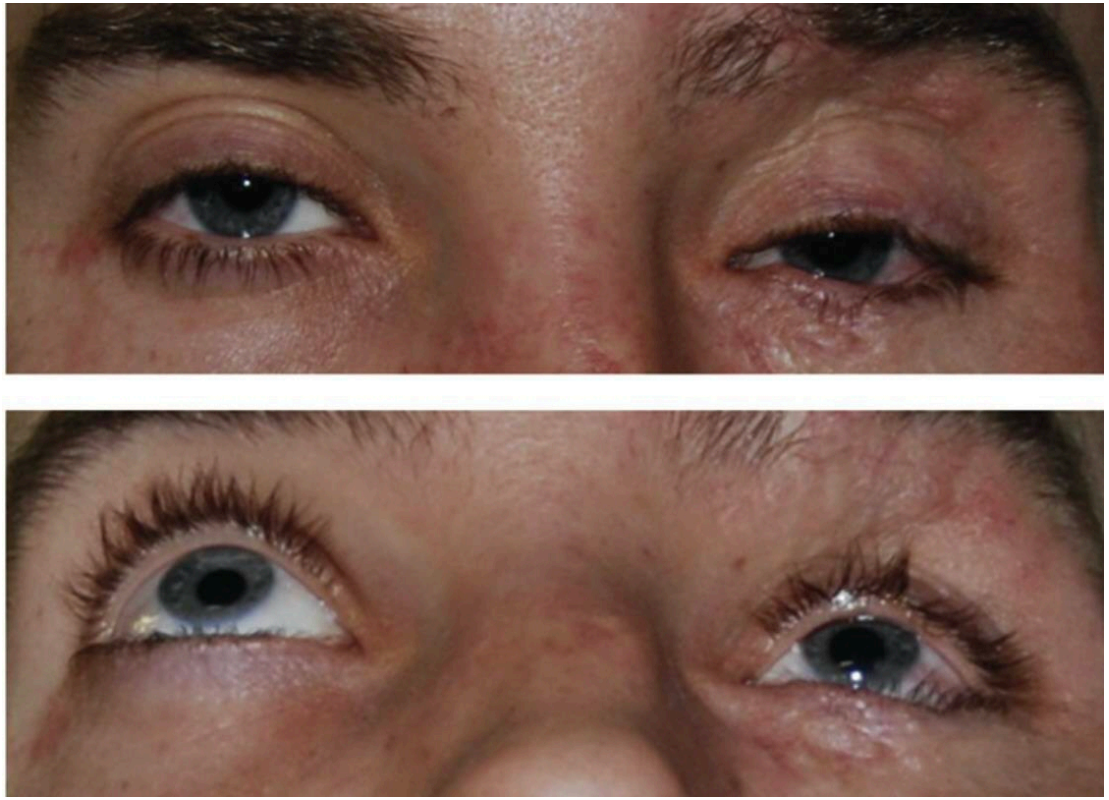


- Hypotropia/hypoglobus



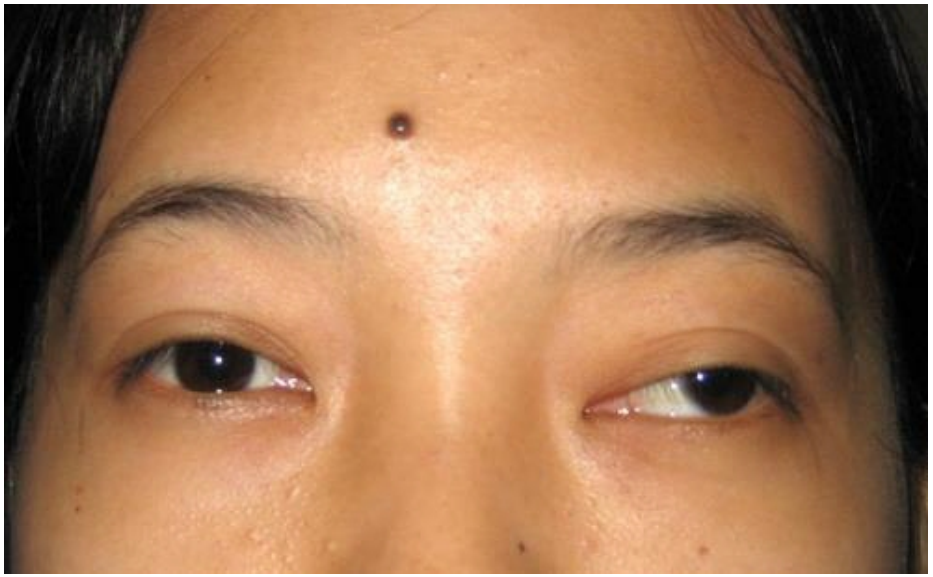
Is this really Ptosis?

- Enophthalmos



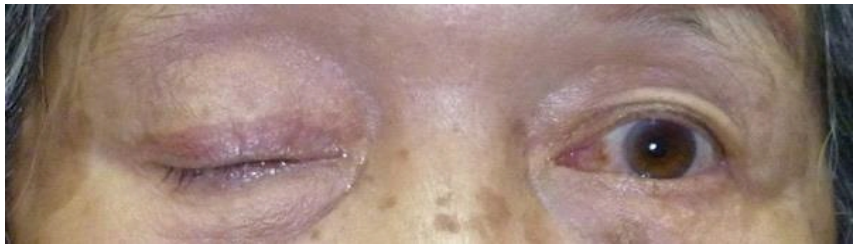
Is this a IIIrd nerve palsy?

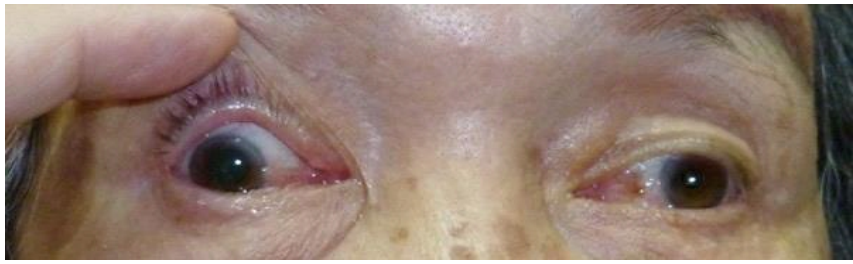
- Ask for:
  - Ischaemic risk factors
  - Diplopia
  - Headache
  - Nausea / Vomiting



Is this a IIIrd nerve palsy?

- Ask for:
  - Ischaemic risk factors
  - Diplopia
  - Headache
  - Nausea / Vomiting
- Look for:
  - Ptosis
  - Eye deviated down and out
  - Limitation of EOM





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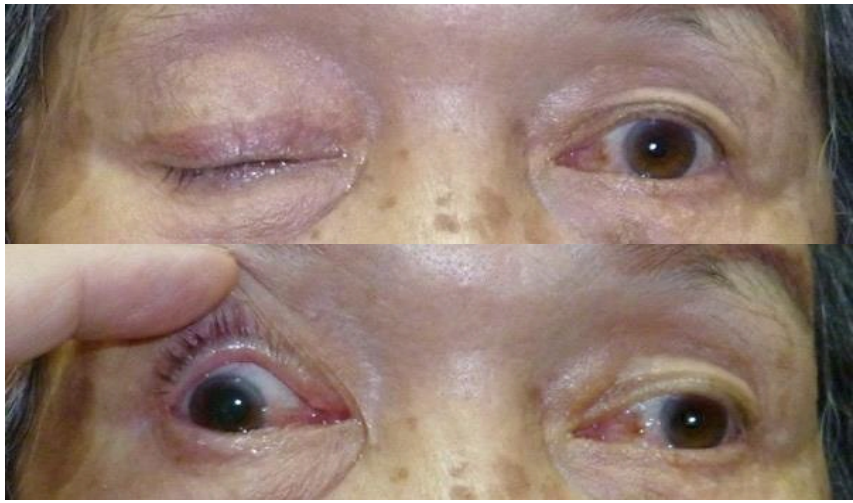
  - Pupil dilated



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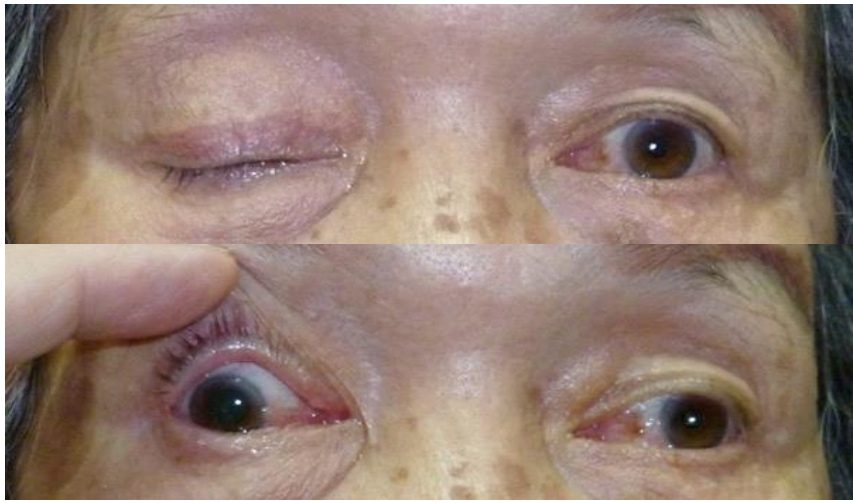
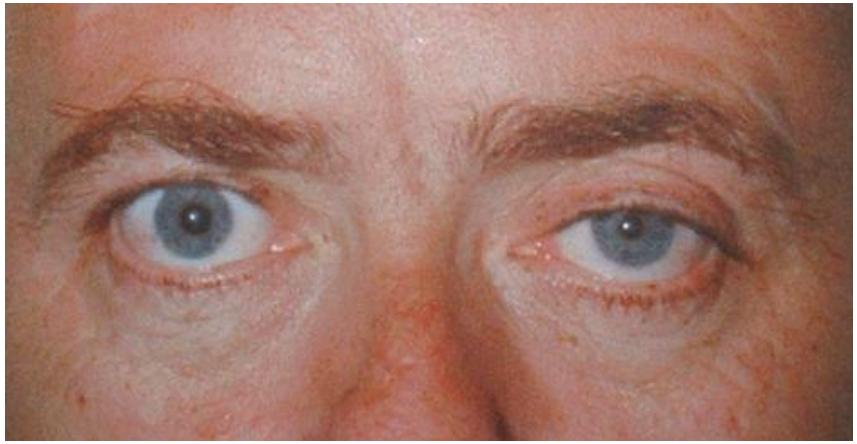


- "Surgical IIIrd"
  - PComm Aneurysm
- EMERGENCY!
- Look for other cranial nerve palsies

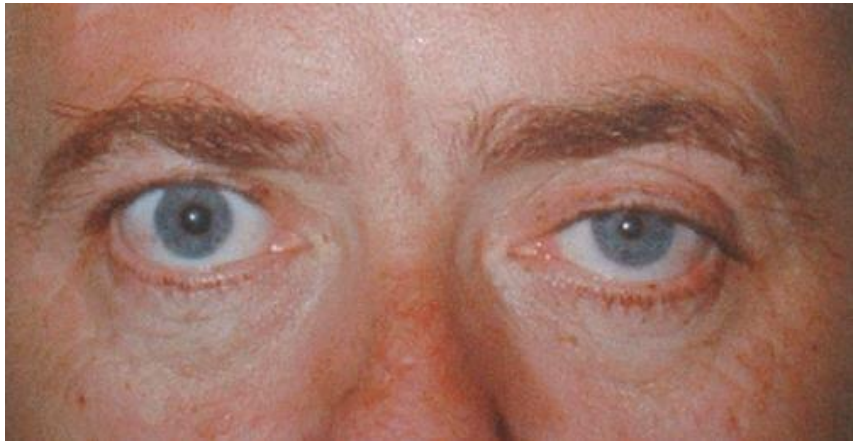
Is it a Horner's?

- Signs
  - Mild ptosis
  - Miosis
    - Constricted pupil
  - Anhidrosis
  - Apparent Enophthalmos



Is it a Horner's?

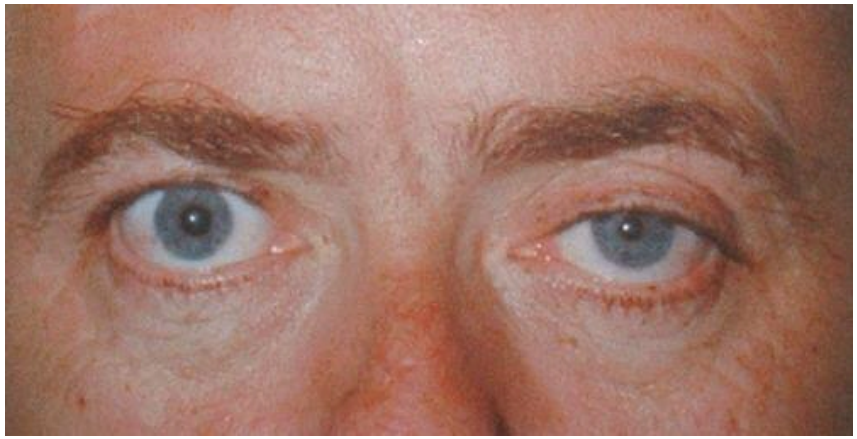
- Signs
  - Mild ptosis
  - Miosis
    - Constricted pupil
  - Anhidrosis
  - Relative Enophthalmos



- EOM is full

Is it a Horner's?

- Signs
  - Mild ptosis
  - Miosis
    - Constricted pupil
  - Anhidrosis
  - Relative Enophthalmos
- EOM is full

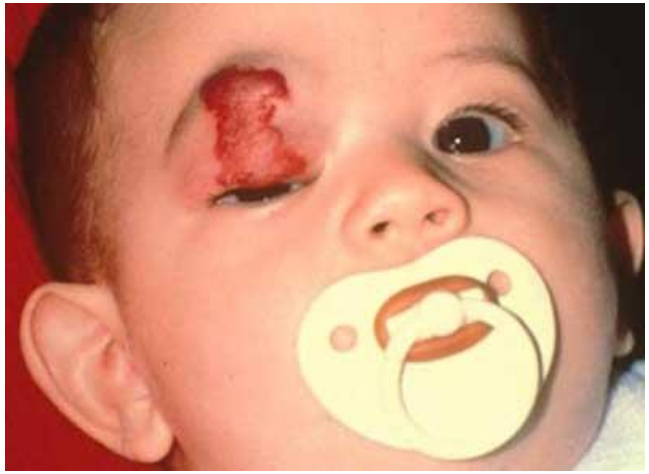


- Is it painful?
  - Carotid dissection
  - EMERGENCY!
- Is this due to a Pancoast tumour?

Other causes

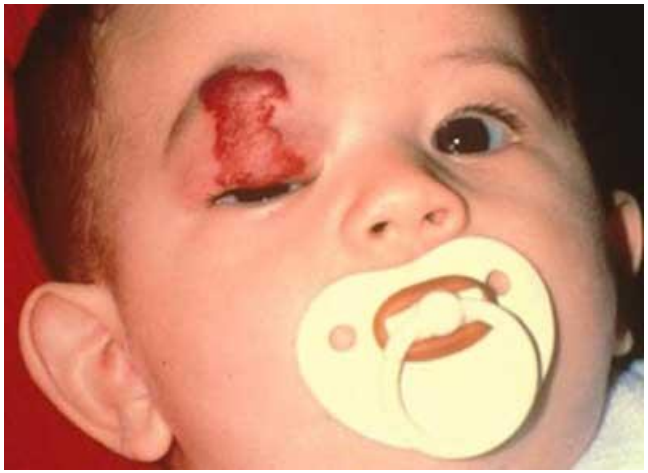
- Myasthenia gravis
  - Variable ptosis
  - Variable diplopia
  - Fatigability

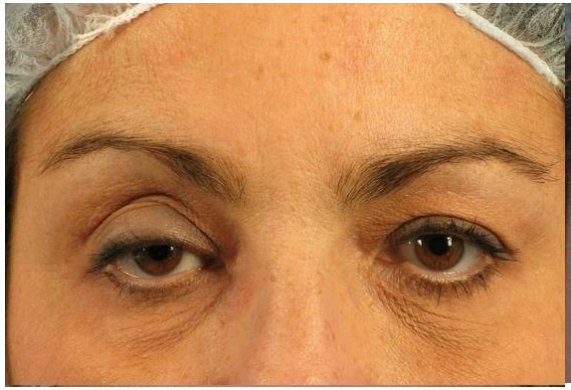
- Mechanical
  - Tumours

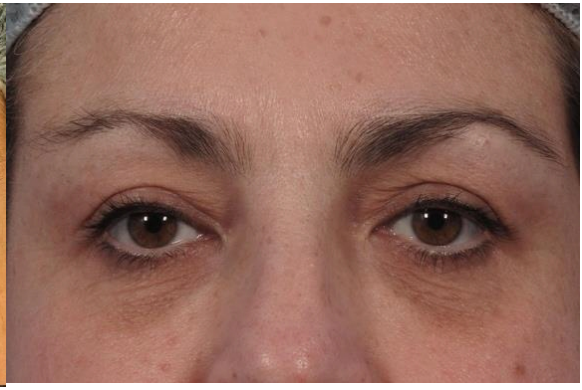


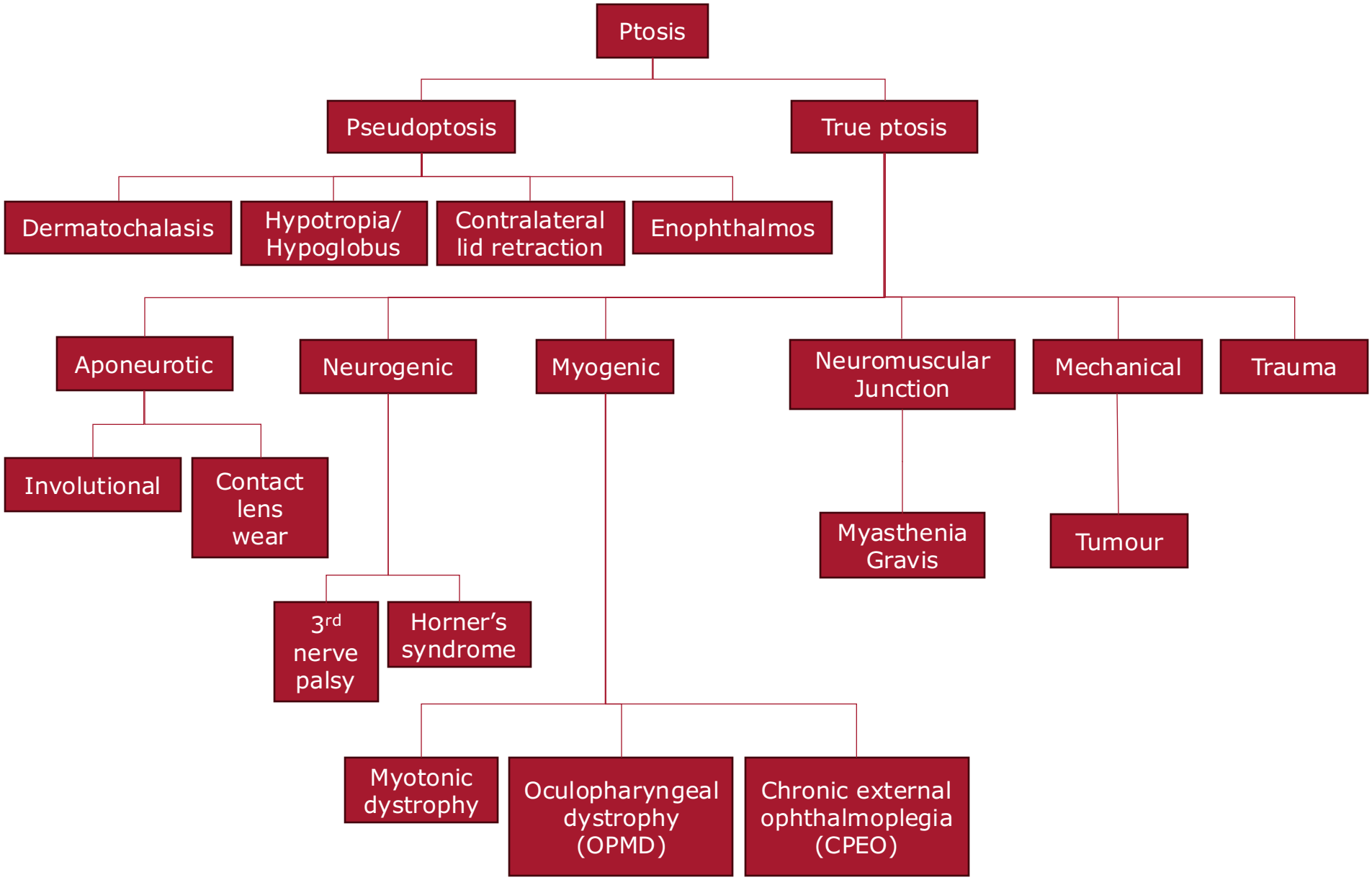
Other causes

- Myasthenia gravis
  - Variable ptosis
  - Variable diplopia
  - Fatigability
- Mechanical
  - Tumours
- Senile (Aponeurotic) Ptosis
  - Elderly
  - Contact lens wearer
  - Trauma
  - Deep sulcus, high lid crease








Ptosis
Pseudoptosis
True ptosis
Dermatochalasis
Hypotropia/ Hypoglobus
Contralateral lid retraction
Enophthalmos
Aponeurotic
Neurogenic
Myogenic
Neuromuscular Junction
Mechanical
Trauma
Involutional
Contact lens wear
3rd nerve palsy
Horner's syndrome
Myasthenia Gravis
Tumour
Myotonic dystrophy
Oculopharyngeal dystrophy (OPMD)
Chronic external ophthalmoplegia (CPEO)

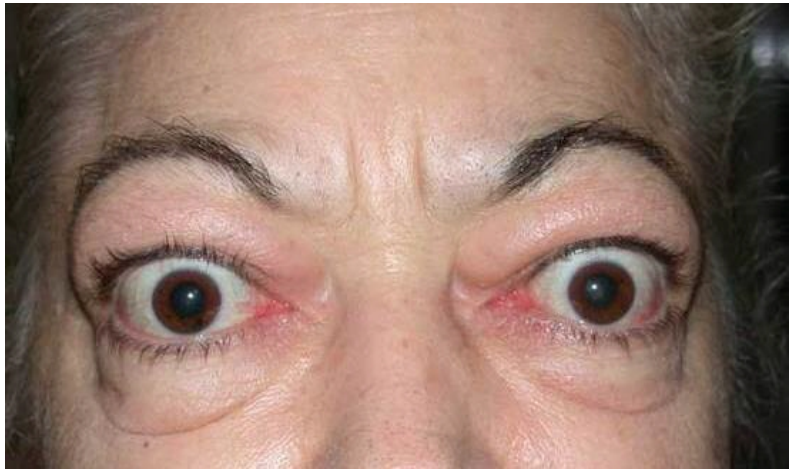
- Eyelid lumps and bumps
  - Infection
    - How to treat simple infections
  - Benign and malignant lesions
    - Recognize benign lesions
    - Beaware of RED FLAGS of malignant lesions
- Ptosis
  - Is it a IIIrd?
  - Is it a Horner's?
  - Other causes?
- Proptosis
- Tearing

Proptosis

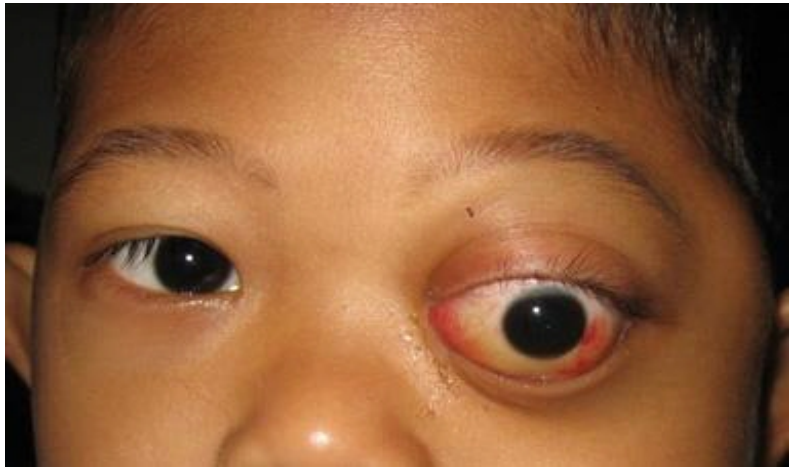
- **Causes:**
  - Thyroid eye disease (most common)
  - Orbital tumours
  - Others:
    - Carotid cavernous fistula (CCF)
    - Orbital inflammatory disease etc.

Proptosis

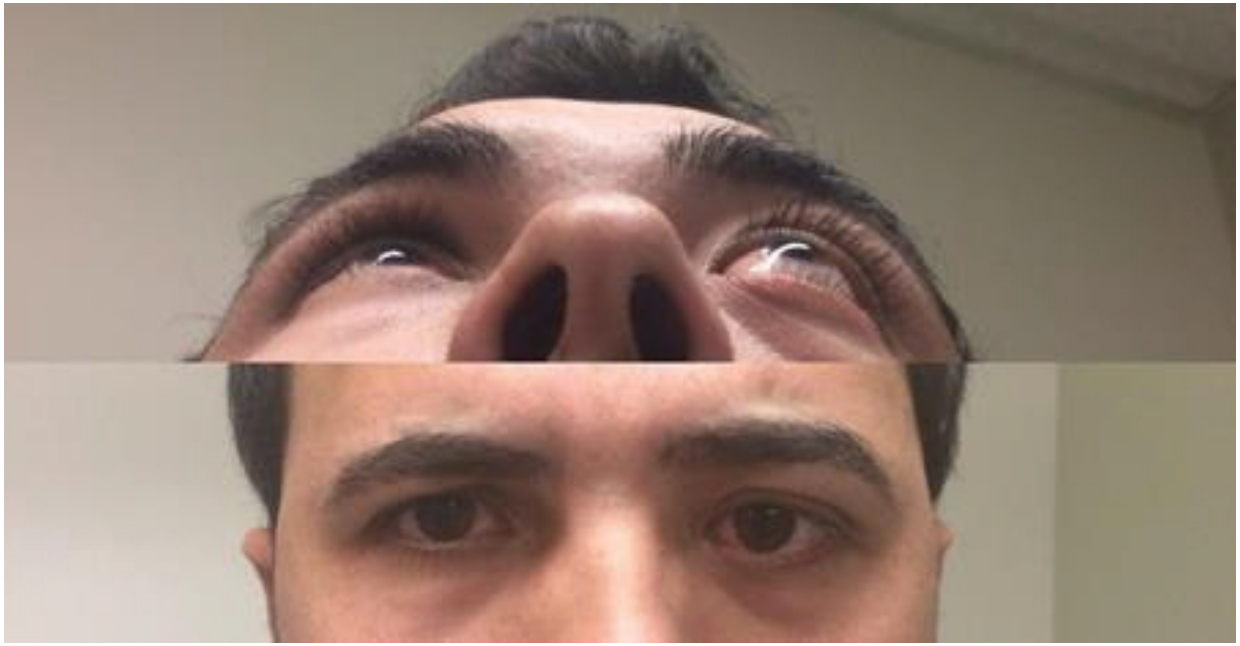
- **Approach to proptosis:**
  - Unilateral vs bilateral
  - Axial vs non-axial
  - Inflammation present?
    - Conjunctival injection & chemosis

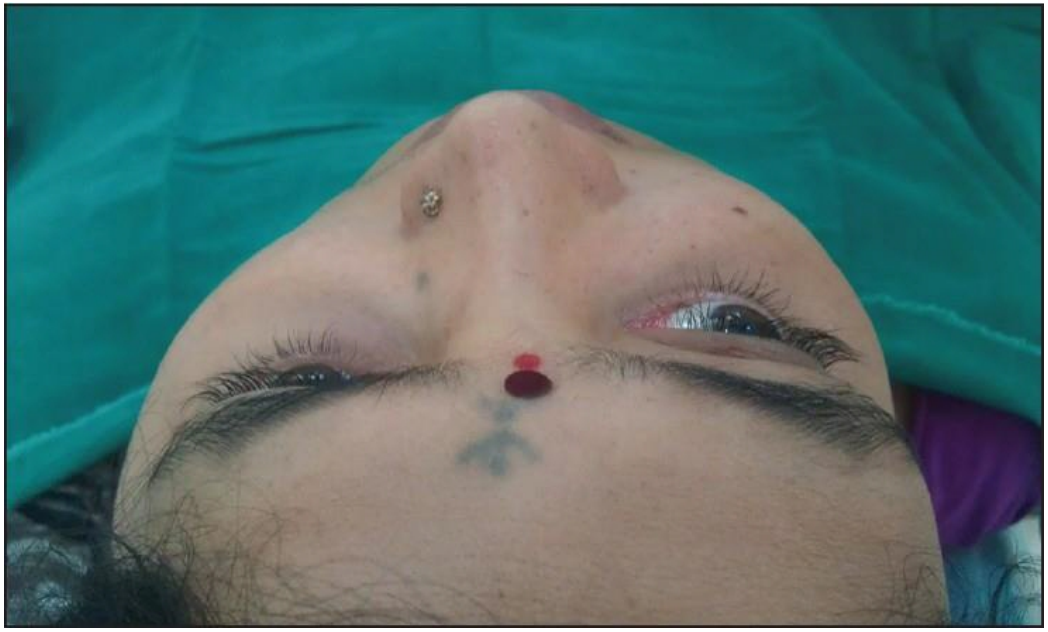


Axial proptosis



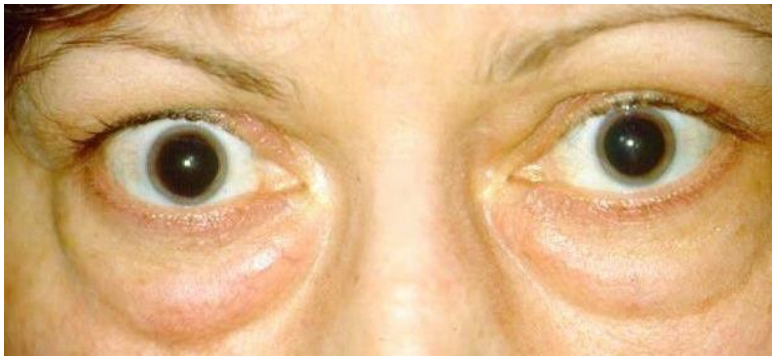
Non-axial proptosis





Proptosis

- Mechanical sequelae present?
  - Optic nerve compression
    - EMERGENCY!
    - RAPD
    - Decrease in VA
    - Reduced colour vision
  - EOM limitation
    - Diplopia
  - Lagophthalmos
    - Corneal exposure
  - Glaucoma



Thyroid Eye Disease

Optic Nerve Compression

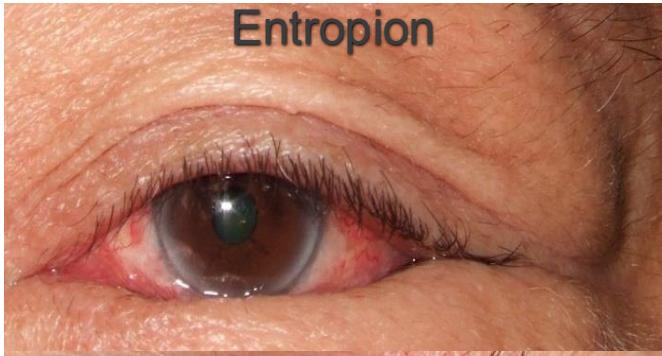
- Eyelid lumps and bumps
  - Infection
  - Benign and malignant lesions
- Ptosis
- Proptosis
  - ? Causes
  - ? Mechanical sequelae
- Tearing

Excessive tearing (Epiphora)

- **Too much tear production**
  - Hypersecretion
- **Too little tear removal**
  - Outflow obstruction
  - Lacrimal pump failure

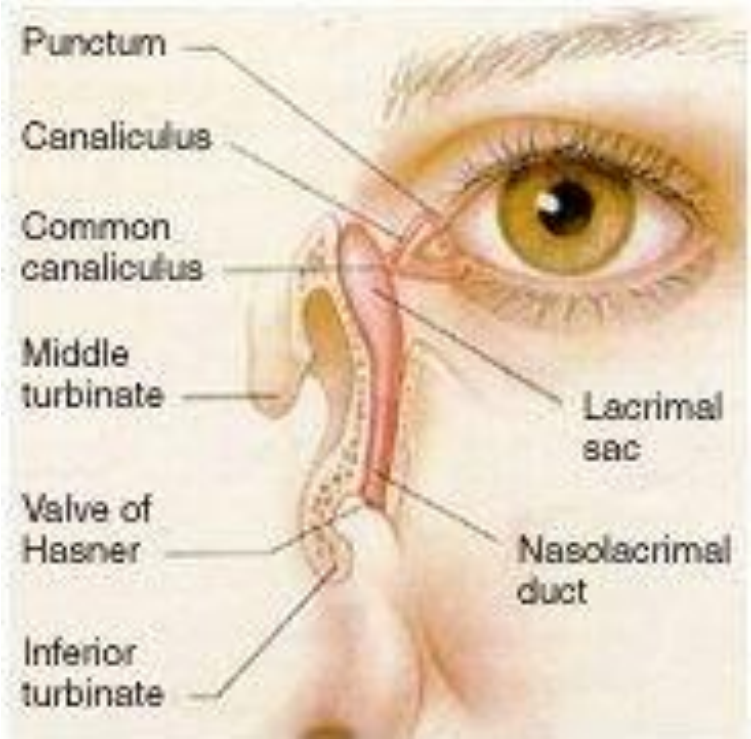
Excessive tearing (Epiphora)

- **Too much tear production**
  - **Hypersecretion**
    - Lid problems
      - Entropion
      - Ectropion
      - Trichiasis
    - Ocular surface problems
      - e.g. dry eyes



Excessive tearing (Epiphora)

- **Too little tear removal**
  - **Outflow obstruction**
    - Canalicular or nasolacrimal duct obstruction



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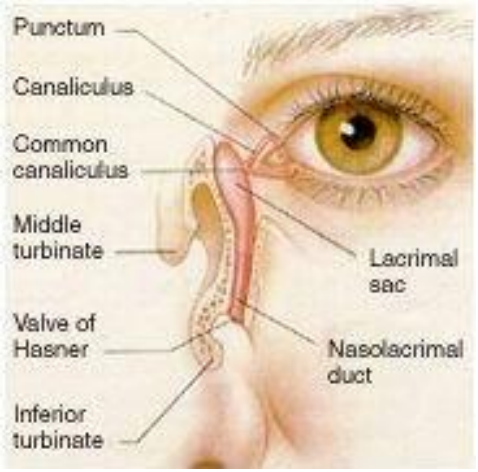

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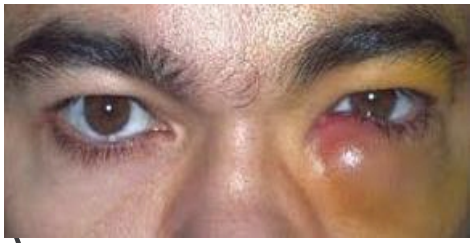
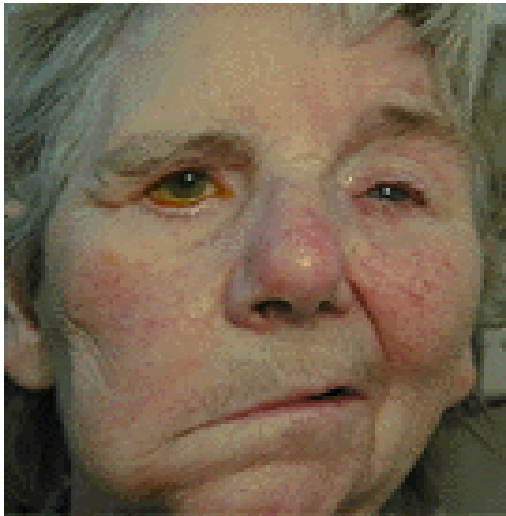
  - **Outflow obstruction**
    - Canalicular or nasolacrimal duct obstruction



  - **Lacrimal pump failure**
    - Facial nerve palsy (orbicularis oculi weakness)
      - Lagophthalmos
      - Exposure keratopathy
      - Ectropion
      - Pump failure



Excessive tearing (Epiphora)

- **Too much tear production**
  - **Hypersecretion**
    - Lid problems
      - Entropion, ectropion, trichiasis
    - Ocular surface problems e.g. dry eyes
- **Too little tear removal**
  - **Outflow obstruction**
    - Canalicular or nasolacrimal duct obstruction
  - **Lacrimal pump failure**
    - Facial nerve palsy (orbicularis oculi weakness)

Dye disapperance test

- Eyelid lumps and bumps
  - Infection
  - Benign and malignant lesions
- Ptosis
- Proptosis
- Tearing
  - Too much tear production vs
    Too little tear removal?

Summary

- Eyelid lumps and bumps
  - Infection
    - How to treat simple infections
  - Benign and malignant lesions
    - Recognize benign lesions
    - Beware of RED FLAGS of malignant lesions
- Ptosis
  - Is it a IIIrd?
  - Is it a Horner's?
  - Other causes?
- Proptosis
  - ? Causes
  - ? Mechanical sequelae
- Tearing
  - Too much tear production vs

    Too little tear removal?

Department of Ophthalmology

James Pan Chuan-Hsin
Chief, Senior Consultant

Cornea and External Eye Diseases
Cataract Surgery
Comprehensive Ophthalmology

Cornea

Muhammad Amir Bin Ismail
Consultant

Glaucoma

Elton Tay Lik Tong
Senior Consultant

Lim Rongxuan
Consultant

Bryan Ang Chin Hou
Visiting Consultant

Retina

Lilian Koh Hui Li
Consultant

Louis Lim Wei Yi
Consultant

Soh Yu Qiang
Consultant

Oculoplastic

Roy Tan Da Duan
Visiting Consultant

Neuro Ophthalmology

Annie Lai Hiu On
Consultant

Anterior Segment

Jane Lim Sujuan
Consultant

Thank you for your attention