TUTORIAL 3: LID RETRACTION

CAUSES:

1: Thyroid Eye Disease.
2: Dorsal Midbrain Syndrome.
3: Facial Palsy
4: Cicatricial : due to trauma.
5: Volitional.
6: Pseudo-lid retraction: in response to ptotic opposite eyelid e.g.: Ocular Myasthenia,

Normally, upper lid covers the superior limbus by 1-2 mm while the lower lid is at the level of the lower limbus.

Differentiating features:

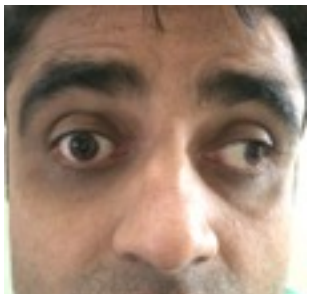
1: TED: Lid retraction can be seen in hyperthyroid, hypothyroid or even a patient with normal thyroid function. Lid retraction persists in down-gaze. THE FINDINGS IN TED ARE TYPICALLY ASSYMETRICAL. There may be restricted elevation of one eye and the other eye maybe normal. Other signs of TED will be present.

2: Dorsal Midbrain Syndrome: Lid retraction does not persist in down-gaze. Convergence - retraction nystagmus may be present. Symmetrical Upgaze restriction. and light-near dissociation of pupils is present.

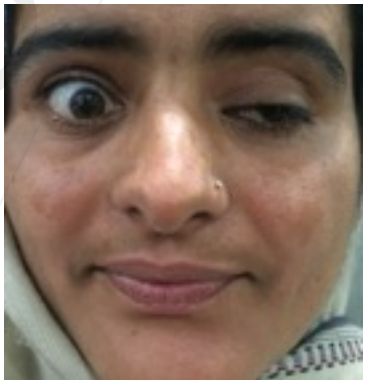
3: In Facial palsy: Failure to close the eye will be present.

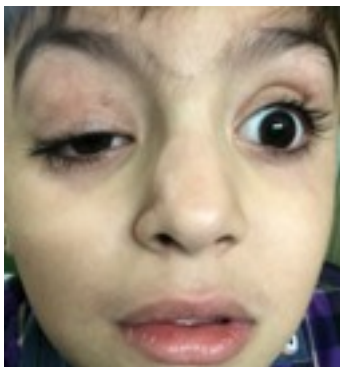
4: Cicatricial: Scarring on lid skin will be visible. Lid retraction will persist in all directions of gaze.

5: Volitional: since patient is forcing the eyes to open, there will be furrowing of the brow, which will be absent in other conditions.



6: Psudo lid retraction: due to one ptotic eyelid, the patient forcibly tries to open the eye with the ptotic lid. If the ptotic lid is manually lifted up, the lid-retraction in the opposite eye disappears.



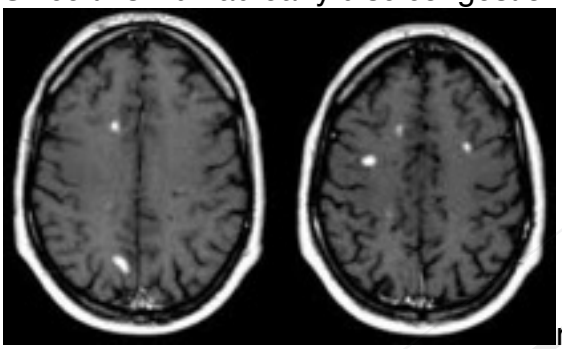


Case A:

Lid-retraction in children should be taken seriously, particularly if associated with complaints like headache, dizziness, problems with motor balance, frequent falling.

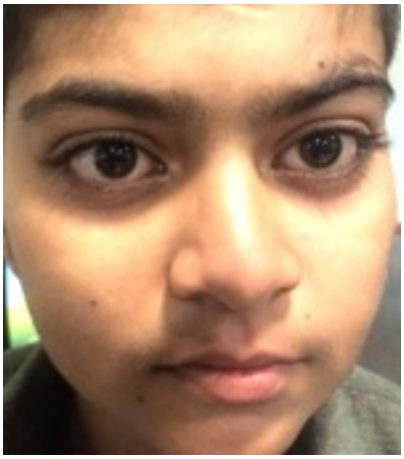
A complete neurological and ophthalmic examination is mandatory to exclude all the causes mentioned above.

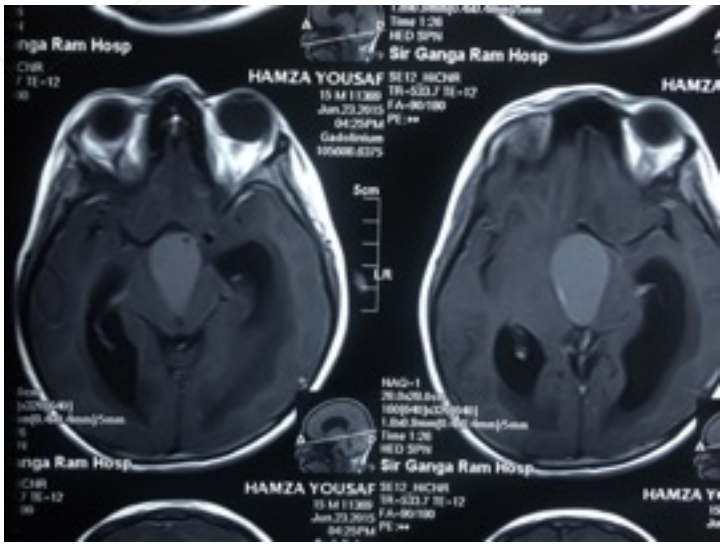
Since this kid had early disc congestion and mild blurring of margins, an urgent MRI was

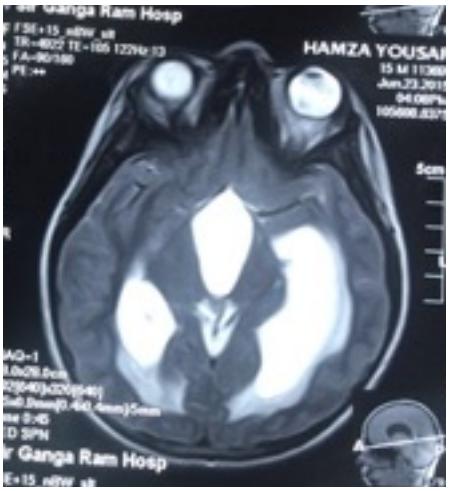


requested. It showed plaques of demyelination in a vertical distribution around the lateral ventricles. He was referred to the neurosurgeon. With MS, the symptoms appear acutely and are fleeting. They do not gradually worsen.

Similarly, another kid, presented with headaches, and failure to concentrate on studies, with dizzy spells appearing over a short time.
He had VA 6/9 but pupils mid-dilated and not reacting to light, but reacting to near. There was absent up gaze .
Discs swollen bilaterally. Urgent MRI scan done.
It showed enlarged lateral and third ventricles DUE TO A PINEALOMA.







CASE B:

This lady has slight proptosis, the left eye in slight exotropic position, with a lid retraction. We need to rule out all of above.