Mythbusters
Oculoplastic Edition
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Myth #1

**ALL DROOPY EYELIDS ARE CREATED EQUAL**

I’m still not convinced…

- Dermatochalasis
  - Excess **skin** problem
  - Weighs down eyelid
  - Normal lid function
- Ptosis
  - Eyelid **muscle** problem
  - Lid margin / lashes low
  - Possible lid dysfunction

Many patients have both

Different kinds—o—ptosis?

- Most common
  - Stretched tendon
  - High lid crease
  - Involutional
  - Uncommon
  - Myasthenia / Botox
  - Fluctuating

- Usually congenital
  - Weak muscle
  - Absent lid crease
  - Myogenic
  - Uncommon
  - Lesion / Mass
  - Treat mass effect

- Neurogenic
- Mechanical

Financial disclosures

Seriously…They’re all the same

- Causes of “Droopy Eyelids”
  - Dermatochalasis
  - Blepharoptosis
  - Brow ptosis
  - Pseudoptosis
So...They're not all the same

- Correct Dx = Correct treatment
  - Not always surgical
- Potential comorbidities
  - Droopy lid with...
    - Anisocoria - Horner’s syndrome / CN III palsy
    - Fluctuations - Myasthenia Gravis

Myth #1

ALL EYELID SURGERY IS COSMETIC

BUSTED

Myth #2

Will my insurance cover this?

- Most common question for dermato and ptosis
- 3 Elements:
  - Complaint of visual impairment that improves with eyelid elevation
  - Supported by clinical exam
  - Documented with clinical photographs and taped/untaped visual fields

Dermatochalasis Evaluation

- Exam:
  - “Grading” the amount of dermatochalasis
  - 1+ to 4+ scale or mild to severe

Dermatochalasis continuum

<table>
<thead>
<tr>
<th>4+</th>
<th>3+</th>
<th>2+</th>
<th>1+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barely any</td>
<td>Barely seeing</td>
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</table>

Ptosis Evaluation

PF: lid margin to lid margin
MRD: light reflex to lid margin
Ptosis Evaluation

**LF:** excursion length of upper eyelid

**Normal:** 10+ mm

Dermatochalasis. Surgery

- Intervention: Blepharoplasty

Ptosis. Surgery

- Levator function **predicts** surgery type
  - 10+ mm: External levator advancement
  - 4-10 mm: External levator advancement + tarsctomy
  - 0-4 mm: Frontalis suspension

Dermatochalasis. Surgery

Upper Eyelid Blepharoplasty

- Before
- After

Dermatochalasis. Surgery

- Excess Eyelid
- Orbital & Subbrow

Fat

Ptosis. Surgery

- Levator Surgery
  - Involutional ptosis
  - Small incision
  - Titrates height / contour
- Suspension Surgery
  - Low functioning ptosis
  - Uses frontalis muscle
  - Height limited
- Addresses weak levator
- Bypasses weak levator
Ptosis: Surgery

- **External Ptosis Repair**
  - Goal: Address weak/stretched levator muscle

Contrast Mueller muscle procedures

Levator muscle – tendon complex

Myth #3

**ALL TEARING IS REFLEXIVE IN NATURE**

Why are my eyes watering?

- Tearing common complaint/consult
- Many/most have tried various drops
- Many/most view recommending drops for tearing as dismissive of their complaint

Why you Crying?

- **Production**
  - Lacrimal & Accessory glands

- **Drainage**
  - Punctum
  - Canaliculus
  - Lacrimal sac
  - Nasolacrimal duct

Get the history!

- **Ask 2 Questions**
  - “Is the tearing **constant** or **intermittent**?”
  - “Any ocular surface symptoms?”
    - Burning; itching; sandy; gritty…

- **I-I & C-C rule:**
  - **Intermittent** & **Irritated** favors **hypersecretion**
  - **Constant** & **Comfortable** favors **obstruction**

Why you Crying?

- Water always on
- Drain plugged
Why you Crying?

Hypersecretion
- Dry eye
- Allergy
- Blepharitis
- Trichiasis
- Conjunctivitis
- Lid malposition
- Trauma

Insufficient drainage
- Punctum
- Canaliculus
- Lacrimal sac
- Nasolacrimal duct
- Eyelid pump

Why you Crying?

Exam:
- Lower eyelid position / laxity
- Punctum position & patency
- Eyelid margin disease
- Tear film stability
- Corneal & conjunctival signs

Further evaluation:
- Dye disappearance test (Jones)
  - Helps with functional obstruction
- Canalicular probing & irrigation

Why you Crying?

- Canalicular probing & irrigation
  - Detects structural NLDO
  - NOT physiologic
  - Diagnostic
  - NOT therapeutic
  - 3 Outcomes:
    - Immediate passage; no reflux
    - Immediate reflux; no passage
    - Delayed passage; some reflux

Why you Crying?

A: Likely hypersecretion
  - Treat eyelids and surface disease

B: Likely obstruction
  - Refer to ophthalmology

C: I dunno!
  - Eyelid hygiene
  - Trial of scheduled tears & lube qHS
  - Other gtts: Azasite®; low potency steroids; Restasis®

Myth #4

ENTROPION & ECTROPION ARE THE SAME &%$ THING
Ectropion & Entropion

- Both very common & underdiagnosed
- Both can present with irritation / tearing
- Horizontal laxity = eyelid instability

Rotate inward Entropion  Rotate outward Ectropion

Ectropion & Entropion

- Evaluation:
  - Evaluate canthal angle
    - Round
    - Sharp
  - Assess horizontal laxity
    - Distraction test
    - Snap back test

Ectropion & Entropion

- Evaluation:
  - Evaluate lower lid skin
    - “Short” anterior lamella
    - Lack of wrinkles
    - Scarring / previous surgery
    - Punctum position / patency

Midface descent
Everted punctum

Ectropion

Involutional  Paralytic
Cicatricial  Mechanical

No wrinkles!

Ectropion

- Intervention: Ectropion repair
  - Lateral Tarsal Strip
    - Gold standard
    - Lateral canthus incision
    - Tightens lower eyelid
    - Normalizes punctum position

Can combine with midface lift
**Entropion**

- Intervention:
  1. Surgery
     - Lateral tarsal strip
     - Retractor reinsertion
  2. Conservative management
     - Aggressive lubrication
     - Lash epilation
     - Quickert sutures

**Myth #5**

**Eyelid Bumps are Either Chalazia or Cancer**

- 2 types of bump consults: Chalazion or Cancer
- Many other Dx
- Not everything needs Biopsy / excision

**Bumps, lumps & chumps**

<table>
<thead>
<tr>
<th>Common</th>
<th>Uncommon</th>
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</table>
| Chalazia  
Skin tags  
Papilloma  
Nevi  
Keratosis  
Cyst  
Inclusion  
Sebaceous | Eyelid CA  
Basal cell  
Squamous cell  
Sebaceous cell  
Melanoma  
Xanthelasma  
Dermoid  
Keratoacanthoma |

**Name that bump**

- Chalazion  
Papilloma / tag  
Eyelid cyst  
Xanthelasma  
Basal Cell Carcinoma  
Sebaceous Cell Carcinoma
Myth #6

**ALL HEADACHES NEED A TEMPORAL ARTERY BIOPSY**

TBx or not TBx

- GCA is a *Seasonal Disease* - Increase in frequency after educational meetings

TBx or not TBx

- GCA Rules:
  - Age appropriate – 55+
  - Appropriate symptoms: claudication; tenderness
  - Ocular findings: vision loss, APD, disc edema/heme, diplopia

TBx or not TBx

- Being Committed…
  - Committed to Consultation
  - Committed to Biopsy
  - Order ESR / CRP
  - Start PO steroids

TBx or not TBx

- Decision for Biopsy determined by outside recommendation
  - Try not to convince pt for or against
- Critical: Biopsy does **NOT** impact vision
- TAB chosen because it is **accessible and redundant**
- 10:1 ratio of negative to positive
  - Why? Ramifications of missing Dx and AION

**MYTHBUSTERS**

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