

Floppy Eyelid Syndrome: A Case Report

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Introduction: Floppy eyelid syndrome (FES) is an under-diagnosed unilateral or bilateral eyelid malposition.¹ This was initially reported in 1981 by Culbertson and Ostler.² Commonly involving the upper eyelids, it presents as recurrent or chronic ocular surface irritation and chronic papillary conjunctivitis of upper palpebral conjunctiva. Patients initially present with non-specific symptoms including eye irritation and a long history of unilateral or bilateral ocular redness and discharge.³ FES is frequently unrecognized cause of these non-specific symptoms and is non-infectious.³ Symptoms of FES are common to other diseases making it difficult to diagnose early. FES result from eyelid laxity due to significant decrease in elastin content of the tarsal plate.² This results in characteristic loose floppy eyelids with associated punctate epithelial keratopathy (PEK), ptosis of lateral eyelashes and typical conjunctival changes.² It is associated with easy eversion of the upper lid which can flip open easily during sleep, predisposing to ocular surface exposure. Symptoms are severe on waking from sleep and patient may have obstructive sleep apnea.²

Patients who sleep on one side more than the other tend to have more severe changes.² Several unsuccessful trials of artificial tears, vasoconstrictors, topical steroids, non-steroidal anti-inflammatory drops, or antibiotics may have been used before correct diagnosis is made.⁴

It is commonly diagnosed among middle-aged obese patients (40-50 years), though has been reported in age between 25-80 years.⁵ The incidence of FES is slightly higher in men than women and common among caucasians.⁵

FES is also associated with keratoconus, glaucoma and some systemic conditions, high blood pressure, diabetes, downs syndrome, ischemic heart disease and skin and collagen diseases.⁶

The main treatment is surgical, though conservative treatment like lubricants and weight loss in the obese have been tried.

Case Report: A 30-year-old teacher was referred to our facility with complaints of redness of left eye, outward turning of the lower lid and drooping Upper eyelids. He developed spontaneous redness of the left eye on waking up from sleep and three days after the onset of redness, the patient noticed that left eyelid was dropping which necessitated his visit to the peripheral hospital where some medications were given. There was associated scanty milky discharge, swelling and outturning of the left lower eyelid, and drooping of the eyelids noticed on waking. Worsening of the symptoms necessitated a visit to the referring hospital where microscopy, culture and sensitivity was done. Conjunctival swab grew *Staphylococcus aureus*, biopsy of the lesion showed acute inflammatory cells and computed tomography of the Brain was not contributory. Patient has hand and foot deformity present since birth.

Ocular Examination showed bilateral severe Ptosis, lower lid Ectropion in the left eye, conjunctival Keratinization and conjunctival congestion (Figures 1 and 2).

Patient had Lateral Tarsal strip with Retractor reattachment and Fornix forming suture on the left eye.



Figure 1: Easy eversion of the left lower eyelid



Figure 2: Appearance of the left eyelid before surgery



Figure 3: Left eyelid appearance in the immediate post-operative period



Figure 4: Left eyelid appearance more than six months after surgery

Outcome was satisfactory with eyelids remaining well positioned and opposed to the ocular surface till the time of this report (Figures 3 and 4).

Conclusion: Floppy eyelid syndrome is quite a difficult case to diagnose especially when it presents initially with only ocular surface irritation without obvious flipping of the eyelids after sleeping.

References

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