PTOSIS

Droopy Upper Eyelid

Ptosis (pronounced “toe sis” – the “p” is silent), or more precisely blepharoptosis, is a droopy upper eyelid. It can occur in one or both eyelids and can develop at any age, from newborns to children to adults. When the upper eyelid begins to droop, it starts to block the peripheral vision and interfere with visual function. This can cause difficulties with daily activities. More alarmingly in infants and young children, the ptosis can actually interfere with the brain’s visual development and cause amblyopia (diminished vision) in the affected eye. As it worsens, the ptosis can eventually block the central vision.

Ptosis can be generally divided into two broad categories – congenital ptosis and acquired ptosis.

Congenital Ptosis

When infants are born with ptosis, it is termed congenital ptosis. A common reason for this is weakness of the eyelid muscle because it never fully formed correctly (dysgenesis of the levator muscle). No one knows exactly why this happens, but it is usually an isolated finding and sporadic in nature. Though, once in a while, there is a genetic component with a strong family history. Most of the time, there are no other anatomic problems with the eyes, face, or body. However, on a rare occasion, ptosis in infants can be associated with a syndrome. Other less common causes of congenital ptosis include neurogenic (problems with the nerve) and mechanical. Examples of neurogenic congenital ptosis are Horner’s syndrome and third cranial nerve oculomotor palsy. Causes of mechanical ptosis include tumors such as dermoids, capillary hemangiomas, and lymphangiomas.

As mentioned earlier, a major concern of congenital ptosis is the development of amblyopia (diminished vision) in the affected eye. The visual system in infants and young children is

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still developing and anything that interferes with the vision can disrupt this process. If the amblyopia is not detected and treated in time, it can cause a permanent decrease of visual function. The congenital ptosis can interfere with the vision in two ways. The first is by the eyelid physically obstructing the visual axis and blocking the child's vision. The second is by causing asymmetric (anisometropic) astigmatism to develop in the affected eye. These children require close monitoring and treatment.

Acquired Ptosis

Ptosis that develops in older children and adults (rather than present at birth) is termed acquired ptosis. The most common cause of acquired ptosis is separation or dehiscence of the levator muscle aponeurosis in the eyelid (aponeurotic ptosis). This occurs most commonly in middle-aged and older adults. Other causes of acquired ptosis include neurogenic / nerve disorders (such as Horner's syndrome and third cranial nerve oculomotor palsy), myogenic / muscle disorders (such as myasthenia gravis), mechanical (such as eyelid tumors), and trauma or injury.

Once the eyelid becomes droopy, the ptosis starts to block the peripheral vision. This can interfere with the visual function and cause problems with activities that require visual attention- ness. For older children, it may create difficulties with school work and sports. For adults, they may experience trouble with driving, working on the computer, or watching TV. As the ptosis worsens and cover more of the eye, these visual symptoms become more severe.

Treatment

Once the ptosis causes visual difficulties, surgery is recommended to lift the eyelid. There are different surgical techniques available to address the different types of ptosis. In general, the surgery involves tightening the muscle of the upper eyelid. In severe ptosis, a sling or suspension procedure may be required to allow the eyebrow (frontalis muscle) to help open the eye. This is performed on an outpatient basis, meaning that the patient can go home the same day of the surgery and not stay overnight in the hospital. Infants and children require general anesthesia during the surgery. Adults may have "twilight sleep" using IV sedation. A thorough evaluation of the ptosis is required to determine its cause as well as the treatment options.

Do not hesitate to contact our office at 817-329-5433 (Grapevine) or 214-369-6434 (Dallas) if you have any questions or wish to schedule a consultation.

Meet Our Doctors

Cynthia Beauchamp, MD, FAAP

Dr. Beauchamp, a board certified ophthalmologist, joined the practice in 2008 after completing a fellowship in Pediatric Ophthalmology & Strabismus at the University of Texas Southwestern and Children’s Medical Center of Dallas and Residency in Ophthalmology at the University of Texas Southwestern. She received her MD from Northwestern University Medical Center in Chicago, where she was elected to the Alpha Omega Alpha Honor Society in her junior year. Dr. Beauchamp received both Bachelors and Masters Degrees in Organizational Behavior from Stanford University in Palo Alto, CA.

Dr. Beauchamp has authored several articles in referenced medical literature and a chapter in a major ophthalmology reference book. She has served as an associate examiner for the American Board of Ophthalmology.

George Beauchamp, MD, FAAP

Dr. Beauchamp obtained his medical degree at Northwestern University School of Medicine and completed his residency at Walter Reed Army Medical Center. Dr. Beauchamp was fellowship trained in corneal surgery and pediatric ophthalmology at the Washington Eye Center and Children’s National Medical Center in Washington, D.C. Dr. Beauchamp is Board Certified in Ophthalmology. He served as a Director of the American Association for Pediatric Ophthalmology and Strabismus and of the American Board of Ophthalmology from 1990 through 2005. Currently he is Professor of Clinical Ophthalmology at the University of Texas Southwestern Medical Center at Dallas where he teaches ethics. He serves as Chairman of the Board and Chief Executive Officer of the Children’s Eye Foundation. He has published over 80 articles in review medical journals, including several book chapters.

Alan D. Davis, MD

Dr. Davis obtained his medical degree from Duke University School of Medicine in Durham, North Carolina and completed his residency at the University of California at San Francisco. Dr. Davis was fellowship trained in Pediatric Ophthalmology at Indiana University and Sydney University in Australia. He is Board Certified in Ophthalmology. Dr. Davis belongs to the American Association of Ophthalmology, Texas Pediatric Ophthalmology Society, the Association of Ophthaomaloplasty and Reconstructive Surgery, the American Society for Pediatric Ophthalmology and Strabismus, American Medical Association, Texas Medical Association and Dallas County Medical Society.

Dr. Davis holds Board positions for Dallas Services, Pearle Vision Foundation, Dallas Services for Visually Impaired Children and PediPlace.

John T. Tong, MD, FACS

Dr. Tong is double specialized in both Ophthalmic Plastic Surgery and Pediatric Ophthalmology & Strabismus. He obtained his medical degree from Jefferson Medical College in Philadelphia through an accelerated program finishing college in 2 years. He was elected to Alpha Omega Alpha Honor Society during his junior year in medical school. Dr. Tong completed his residency at the University of California in Los Angeles. He finished his first fellowship in Pediatric Ophthalmology & Strabismus with Dr. Marshall Parks at the Children’s National Medical Center in Washington, D.C. Dr. Tong then completed his fellowship in Ophthalmic Plastic Surgery at the University of California in Los Angeles and in Beverly Hills where he received extensive experience in facial rejuvenation including Botox and facial fillers.

Dr. Tong is one of only a few physicians in the nation who is both a Fellow of the American Society of Ophthalmic Plastic and Reconstructive Surgery, and a Member of the American Association of Pediatric Ophthalmology and Strabismus. In addition to seeing children for pediatric ophthalmology and strabismus, Dr. Tong sees both children and adults for ophthalmic plastic surgery. These include droopy eyelids / ptosis / dermatochalasis, droopy eyebrows, eyelid cancer, tearing / nasolacrimal duct problems, in-turning / entropion and out-turning / ectropion of the eyelids.

Robert D. Gross, MD, FAAP

Dr. Gross received his training in ophthalmology at Northwestern University in Chicago and Boston University in Boston. His fellowship training in pediatric ophthalmology was completed at the Children’s Hospital and Harvard Medical School in Boston. He began his teaching career on the faculty of Harvard Medical School and trained medical students, residents and fellows at The Children’s Hospital and the Massachusetts Eye and Ear Infirmary.

Dr. Gross is currently Clinical Associate Professor of Ophthalmology at the University of Texas Southwestern Medical School in Dallas and the Texas Tech Health Science Center in Lubbock and is board certified in ophthalmology.

Dr. Gross is past chair of the Section of Ophthalmology of the American Academy of Pediatrics and past President of The Children’s Eye Foundation. He has lectured and trained throughout Europe, Asia and South America and has authored or co-authored over 40 peer reviewed papers and textbook chapters. He received the Honor Award of the American Association for Pediatrics Ophthalmology and Strabismus in 2009.