Popticalz Vision Shop

Popticalz Optical Shop is located inside our Grapevine-Southlake office and offers a wide variety of eyeglass lenses and frames designed especially for children. Our optician will put her years of experience to work for your child.

Helpful Links

www.abceyes.com

Research

Pediatric Ophthalmology Supports Children’s Eye Foundation Programs

The physicians and staff of Pediatric Ophthalmology support Children’s Eye Foundation (CEF) programs. The CEF’s mission is the elimination of preventable blindness in children through programs of education and access to quality of care.

Currently we contribute time and resources to:

- See By Three: emphasizing the early detection and treatment of potentially blinding conditions in children, including amblyopia (lazy eye) associated with refractive errors, strabismus, and occlusive eye diseases such as cataracts.
- Little Patriots: a volunteer program to assure access to quality of care for the children of military personnel.

PRACTICE PHILOSOPHY

Through excellence in patient care and research, our goal is to be among those who provide the very finest care available in the country, in a warm and personal manner. Early detection is the best prevention against childhood eye diseases. Physicians and staff strive to meet these expectations through the practice of competent, conservative, and compassionate medicine.

RESEARCH

Ptosis

Ptosis (pronounced “tie 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 lymphangomas.

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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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 (levator aponeurosis) in the eyelid (levator 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.

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 some cases, a sling or suspension procedure may be required to allow the eyebrow to move in a normal way to help open the eye. The type of surgery performed is based on the patient's needs and the cause of the ptosis.

An accurate diagnosis is a first requirement. Treatment options include observation (hopefully to observe a spontaneous resolution, although this would be uncommon before and after). Please do not hesitate to contact our office for an appointment if you or your child is experiencing any symptoms, such as neck pain and headache are more prevalent as years go by. Holding your eyes straight, both voluntarily and involuntarily is hard work. The treatment for ptosis is usually not urgent, but if the ptosis is severe enough to cause visual symptoms, surgery may be recommended.

TILTING TOTS

Why Children and Adults with head tilt resulting from Fourth Cranial Nerve Palsy require attentive ophthalmologic care

A common cause for an abnormal head position in infants and children that involves tilting of the head, right or left, is a fourth cranial (torticollis) nerve palsy. The condition may persist into adulthood, and also present as an acquired condition in them. While there are numerous other causes for head posturing, each patient should be thoroughly evaluated for the presence of eye conditions resulting in this compensatory head posturing.

If a misalignment of the eyes is readily observed, the deviation is most commonly vertical, and only certain positions of gaze, typically upward vertical displacement of the eye opposite to the direction of the tilt; that is, right superior oblique muscle causes a left head tilt and an apparent over-action of the right inferior oblique muscle (the now relatively unopposed yoke muscle of the parietic one), pulling the eye upward in the opposite (right) head tilt.

Generally, infants and children will accommodate to the condition and not complain of double vision. Adults, particularly those with acquired palsies will. Other symptoms, such as neck pain and headache are more prevalent as years go by. Holding your eyes straight, both voluntarily and involuntarily is hard work. The chemotherapy of these distinctions diminishes one’s quality of life. It is often, quite literally, a “pain in the neck.”

An accurate diagnosis is a first requirement. Treatment options include observation (hopefully to observe a spontaneous resolution, although this would be uncommon in congenital fourth nerve palsy), prism in glasses, and often surgery. A recent review of the condition is available at: www.suspirf.org/conditions/34.