

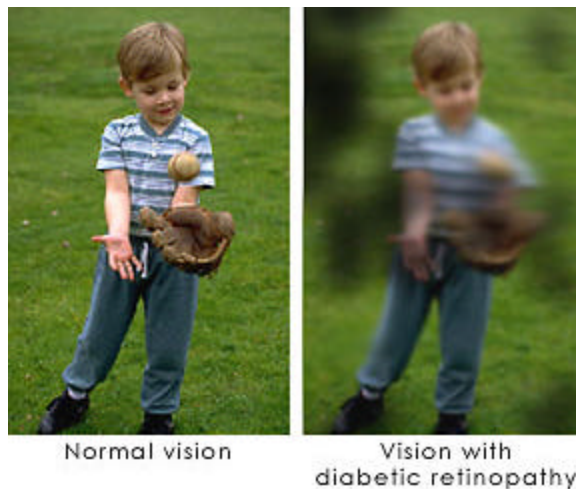
Ptosis

Overview

Ptosis (pronounced toe' sis), or drooping of the upper **eyelid**, may occur for several reasons such as: disease, injury, birth defect, previous eye surgery and age. In most cases, it is caused by either a weakness of the levator muscle (muscle that raises the lid), or a problem with the nerve that sends messages to the muscle.

Children born with ptosis may require surgical correction of the lid if it covers the **pupil**. In some cases, it may be associated with a crossed or misaligned eye (**strabismus**). Left untreated, ptosis may prevent vision from developing properly, resulting in **amblyopia**, or lazy eye.

Patients with ptosis often have difficult blinking, which may lead to irritation, infection and eyestrain. If a sudden and obvious lid droop is developed, an ophthalmologist should be consulted immediately.



Signs and Symptoms

The causes of ptosis are quite diverse. The symptoms are dependent on the underlying problem and may include:

- Drooping lid (may affect one or both eyes)
- Irritation
- Difficulty closing the eye completely
- Eye fatigue from straining to keep eye(s) open
- Children may tilt head backward in order to lift the lid
- Crossed or misaligned eye
- Double vision

Detection and Diagnosis

When examining a patient with a droopy lid, one of the first concerns is to determine the underlying cause. The doctor will measure the height of the eyelid, strength of the eyelid muscles, and evaluate eye movements and alignment. Children may require additional vision testing for amblyopia.

Suggested Treatment

Ptosis does not usually improve with time, and nearly always requires corrective surgery by an ophthalmologist specializing in plastic and reconstructive surgery. In most cases, surgery is performed to strengthen or tighten the levator muscle and lift the eyelid. If the levator muscle is especially weak, the lid and eyebrow may be lifted. Ptosis can usually be performed with local anesthesia except with young children.