

Ectropion

It is outward turning of lid margin is called ectropion.

Types →

- Congenital - very rare
 - Seen in Down Syndrome, Blepharophymosis Syndrome.
 - due to congenital shortage of skin
- Involutional ectropion -
 - only in lower ~~part~~ lid.
 - due to age related change - Horizontal lid laxity
 - Disinsertion of lower lid retractors.
- Cicatricial ectropion -
 - Due to scarring of skin
 - causes - burn, skin ulcer, lacerating injuries.
- Paralytic Ectropion -
 - Due to paralysis of 7th Cr. nerve.
 - seen in lower lid
 - cause - Bell's palsy, head injury

operation of parotid gland, infection of middle ear

• mechanical ectropion

C/F →

- Epiphora
- Chronic conjunctivitis → irritation, discomfort, photophobia.

sign -

- Lid margin outrolling -
 - grade - I - only punctum is everted
 - grade - II - lid margin ~~is~~ everted, palpebral conjunctiva seen.
 - grade - III - fornix is visible.
- sign of other etiology -
 - ~~scar~~ Scar
 - 7th nr ~~para~~ palsy -
 - Medial canthal laxity -
 - Lateral canthal laxity -

round appearance of lateral canthus

Complication -

- Dryness and thickening of conjunctiva
- Corneal ulcer
- Eczema or dermatitis due to constant epiphora

Treatment ->

• Congenital ectropion -

- mild ectropion - no tx required
- for moderate or severe ectropion - surgical intervention required.

• Involutional ectropion -

- medial conjunctivoplasty -
- Horizontal lid shortening
- lateral tarsal strip ~~to~~ technique

• Paralytic ectropion -

- Topical lubricant
- Suture tarsorrhaphy
- Horizontal lid tightening

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Cicatricial ectropion -

- V-Y operation
- Z-plasty
- Excision of Scar tissue and full thickness skin graft.

Mechanical -

→ treat the underlying cause.

Tumours of Eye lids

Types ⇒

1. Benign tumours -

- simple papilloma
- naevus
- angioma
- Haemangioma
- Neurofibroma
- Sebaceous adenoma

2. pre cancerous conditions -

- Carcinoma - in - situ
- xeroderma pigmentosa

3. Malignant tumours -

- Squamous cell ca
- Basal cell
- Malignant melanoma

- Sebaceous gland adenocarcinoma.

Benign tumours

Papillomas

- most common benign tumour, arises from the surface epithelium.

Two forms -

- (i) Squamous papilloma
- (ii) seborrhoeic keratosis.
(Basal cell papilloma)

(i) →

- Arises from squamous cell in Adult
- slow growing raspberry or pedunculated growth at lid margin
- Non specific or may related to HPV.
- Tx - excision.

(ii)

- ~~area~~ Middle age or old age
- surface is friable and slightly pigmented.

Xanthelasma

These are creamy, yellow, coloured lesion involving the skin of upper and lower lid near inner canthus.

- Common in middle aged woman.
- Lipid deposit in histiocytes in dermis of lid
- Associated with DM and hypercholesterolemia

Tx - Excision.

Haemangioma

1. Capillary haemangioma -

- most common variety
- after birth, grows very rapidly and resolves within 7 yrs.
- superficial, bright red (strawberry naevus) or deep bluish, or violet coloured

- Tx - Excision
steroid injection
oral steroid.
radio therapy

2. Naevus flammeus (port wine stain)

3. Cavernous haemangioma -

- developmental venous abnormality
- after 1st decade of life

Neurofibroma

Lids and orbits are commonly affected in neurofibromatosis.

Naevi

Common cutaneous lesion arise from epidermal melanocytes.

- Junctional naevus - arises in epidermis or dermis, brown, flat.

- Dermal naevus - within dermis, elevated,

- Compound naevus - slightly elevated

Pre malignant tumour

Xeroderma pigmentosa

- Autosomal recessive
- "ice cream" pigmentation due to exposure to sunlight.
- Risk factor for Basal cell ca, Squamous cell ca, melanoma. etc.

Malignant tumour

Basal cell ca

- ~~Common~~ Commonest malignant tumour of lids.
- Lower eye lid is commonly affected.

- Pre disposing factor -
 - old age
 - white skin
 - sun exposure
 - xeroderma pigmentosa

- CF -
 - non ulcerated nodular form
 - sclerosing type
 - pigmented " "
 - nodular ulcerative type

Excision, radiotherapy
cryotherapy.

Squamous cell ca

- Second commonest malignant tumour of the lid.
- Arises from the lid margin (muco-cutaneous junction).
- risk factor - sun exposure, radiation fair skin, injury
- C/F →
 - ulcerated, scaly, erythematous plaque like growth, elevated and indurated margins.
 - fungation or polypoid formation may be seen.
 - metastasis - preauricular, submandibular lymph nodes

- TX → Excision, radiotherapy, cryotherapy

Malignant melanoma

- Arise from preexisting naevus
- C/F →
 - flat, pigmented, well defined lesion
 - superficial spreading type -
 - mild elevated
 - pigmented
 - irregular margin

- nodular -
 - rapidly growing
 - ulceration, bleeding.

- Metastasis -
 - local or lymphatic spread.

- Tx - Excision









