



CONGENITAL EYELID IMBRICATION SYNDROME

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Abstract : Congenital eyelid imbrication syndrome (CEIS) is an extremely rare, benign, self-limiting eyelid malposition disorder. We report a case of a two days old female child who presented to us with overriding of both eye upper lids over lower lids and spontaneous eversion of upper lids on crying, which are features of congenital eye lid imbrication syndrome. child was managed conservatively following which she showed complete resolution of symptoms. In children, eyelid imbrication is extremely rare with only three previously reported congenital cases.

Keyword : congenital eyelid imbrication syndrome, floppy eyelid syndrome, Downs syndrome.

INTRODUCTION:

Eyelid imbrication syndrome is characterized by overriding of the upper eyelids over the lower lids. It is an idiopathic acquired eyelid disorder of adults usually seen in patients with floppy eyelid syndrome or in patients who underwent lower eyelid lateral tarsal strip procedure for eyelid laxity. In adult definitive treatment for eyelid imbrication is upper eyelid tightening procedure. Congenital eyelid imbrication syndrome is extremely rare. The classic triad of signs in patients with CEIS consists of: Bilateral upper eyelids overriding the lower eyelids when the child is at rest, Bilateral medial and lateral canthal tendon laxity and Tarsal conjunctival hyperemia. Congenital eyelid imbrication syndrome is extremely rare with only three previously reported congenital cases. • (2-4)

CASE REPORT:

A full term new born female child was referred to our institute 48 hours postpartum with complaints of abnormal overriding of upper lid on lower lid and spontaneous eversion of upper lids on crying. She was the first born of non consanguineous marriage. The pregnancy and birth history were unremarkable. The parameters at birth were as follows: Birth weight 3000 g, Length 48 cm, head circumference 38 cm and Apgar score 10/10. There was no family history of ocular malformation, syndromes or consanguinity. Ocular examination revealed; Elongated bulky upper eyelids with overriding of both eye upper lids over the lower lids for about 4 mm. (figure 1) The both upper eyelids had a tendency for spontaneous complete eversion on crying.



figure 1

The ocular anthropometric measurements were as follows:

- vertical palpebral fissure height was 5mm
- horizontal palpebral aperture was 18mm
- horizontal length of the upper lid was 25 mm
- midpoint vertical upper lid height was 12 mm in both eyes.

The medial and lateral canthal tendons of both eye upper lids were lax and round. Both eye upper lids were easily everted on attempted opening of upper lids by gentle pulling of the lids. There was mild hyperemia of both upper tarsal conjunctiva. (figure 2)



figure 2

Both eyes bulbar conjunctiva and cornea were clear. Anterior chamber was normal in depth, Both pupils were briskly reacting to both direct and consensual light stimulus, Lens was clear, Posterior segment was found to be normal. B scan of the eyeball and orbit showed normal findings. Systemic examination showed no evidence of any congenital malformations or Downs syndrome. Baby was treated with topical tobramycin eye drops 4 times daily and 1% carboxy methylcellulose eye drops 6 times daily. She was regularly followed once in every 3 days.

Correction of overriding of the upper eyelids over the lower eyelids was observed by the end of first week and eyelids position became normal by 12th postnatal day.

DISCUSSION:

Eyelid imbrication syndrome is a rare cause of congenital eyelid malposition characterized by overriding of the upper eyelids on the lower lids. In adults, eyelid imbrication is usually associated with floppy eyelid syndrome, and is managed by surgical tightening of the upper lid. CEIS is frequently associated with floppy eyelid syndrome. (5) Floppy eyelid syndrome is frequently associated with Down syndrome. In the present case, no features of Down syndrome were noted on systemic evaluation. Rumelt et al had postulated that postnatal growth of the bony orbit may contribute to the spontaneous tightening of canthal tendons resulting in correction of the CEIS. (1) However, the bony orbit may have no contribution in spontaneous correction of eyelid imbrication because orbital growth in 1 week is not significant enough to correct 4 mm of overriding of eyelids as seen in our case. (6) Shivcharan et al had postulated that the floppy and bulky eyelids undergo involutional changes under the influence of an unknown effect in the first week of life resulting in the tightening of lax canthal tendons and normalization of size and tone of upper eyelids. (2) Congenital eyelid imbrication syndrome is thus an unusual, apparently isolated and transient eyelid abnormality, which resolves within the first few weeks of age. Surgical management of this condition is not required.

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