CONGENITAL ENTROPION DUE TO EPIBLEPHARON*

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CONGENITAL entropion is a rare malformation of the eyelid and for that reason this case is worth publishing. Among the 160,000 patients of the University Eye Clinic Debrecen in the last 25 years many cases of epiblepharon have been observed, but among them this is the only one in which we had to deal with real entropion.

A boy, aged 7 years, was seen on August 5, 1948. The parents stated that both lower lids had been turned in since birth, and the eyelashes touched the globe; for two years his left eye has been reddened and there was a sore place on it.

Visual acuity in the right eye 5/5, in the left 5/7. All along the right lower lid there was a skin-fold. The cilia were not directed horizontally but upwards, though they did not touch the globe. Apart from this, the eye was normal. On the left lower lid one could see a similar fold, and the eyelashes—as the Figure shows—were inverted, rubbing against the cornea. The bulbar conjunctiva was

Eyelashes of the left side rubbing against the cornea.

hyperaemic. Traumatic pannus was present on the lower third of the cornea, and there was mild iritis. On the upper lip at the left border of the philtrum there was a vertical scar due to an operation for hare lip.

On August 7, 1948, we operated on the left eye. Kettesy's modification of the Celsus-Hotz operation was performed. On cutting a 5 mm. broad skin-strip out of the lower lid we found the palpebral part of the orbicular muscle hypertrophic as in senile entropion. We excised the hypertrophic part, exposed the tarsal plate, and then put in Hotz's sutures. After six days the patient left the clinic with the lid in normal position. In eight months the condition had not relapsed.

According to the text-books epiblepharon and congenital entropion are different malformations. A skin-fold in infants, generally in the lower lid, is considered to be epiblepharon.

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Elschnig (1922) thinks that faulty fixation of the skin to the tarsus or to the tarso-orbital fascia is the cause of it. The skin-fold itself, is able to bring about the condition, according to Bachstetz (1916) whereas Müller (1932) attributes the main role to the fibres of the inferior rectus muscle.

Many papers have been published about the congenital defects of the lower and upper lids. In the cases of Müller (1932), Bartha (1932), Bachstetz (Case 1, 1916), and others, epiblepharon was the only malformation, whereas Chow (1935), Arkin (1935), and others mention many and various congenital deformities of the body.

There is some controversy as to whether epiblepharon itself may cause an entropion or whether there is also some other factor. In Müller's opinion the muscle is able to invert the tarsus, thus giving rise to an entropion. Our case supports this, as we found a hypertrophy of the palpebral part of the orbicular muscle.

It seems to me that muscular hypertrophy is independent of the skin-malformation. Comparing the two lower lids in the Figure, we see the fold much more marked on the left side. There is no muscular hypertrophy on the right side, and no entropion, but on the left side where the hare-lip was present, we found it. I think the primary cause of the entropion in this case is congenital muscular hypertrophy. The many cases of epiblepharon without entropion seem to confirm this view.

Congenital inversion of the cilia disappears usually without any intervention in the first two years by the change of the elasticity of the skin and by the development of the face, but in cases where other malformations (epicanthus, muscular hypertrophy) are associated, the inversion may remain stationary.

In my opinion we may speak of congenital entropion only in cases when the inversion of the eyelashes is permanent, and this boy is an example of the condition.

Summary

A case of congenital entropion successfully operated on is reported. The deformity was caused by hypertrophy of the palpebral part of the orbicular muscle.

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