PARAPHIMOSIS ORBICULARIS*

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CONGENITAL EVERSION of the upper lid in infants has been reported before (Mazhar, 1955; Ostriker and Lasky, 1954), but the condition is sufficiently uncommon to warrant this account of two cases seen in Ceylon.

Case Reports

Case 1, a full-term male child, was delivered at home. Mother and baby were admitted on the third day to the obstetric ward for treatment of puerperal sepsis in the mother. The baby, a first child, was referred to the eye clinic.

Examination.—The right upper lid was everted with red and grossly oedematous palpebral conjunctiva. The eye itself was normal. The other eye was not affected.

Treatment.—A linear incision was made horizontally across the oedematous conjunctiva, and an attempt was made to return the everted lid to its normal position. This failed, as the lid sprang back to the everted position the moment digital pressure was removed.

A lateral canthotomy was then performed, and a magnesium sulphate compress applied.

Result.—The lid remained everted for several days, though the oedema gradually subsided. By the end of the week, however, the appearance of the eye was more or less normal with the lid in the correct position.

Case 2, a full-term baby, was delivered at home. Delivery had been normal, with the midwife in attendance. The baby was brought to the eye clinic on the second day.

Examination.—The right upper lid was everted with marked oedema of the exposed palpebral conjunctiva. The orbicularis behind the everted lid was in spasm, and manual return of the lid was not possible, both for this reason and because of the swollen conjunctiva. The eye was otherwise normal. The left eye was not affected.

Treatment.—An immediate lateral canthotomy was performed and the child was returned to the ward. Magnesium sulphate compresses were applied to the eye, and sulphacetamide ointment was introduced into the palpebral sac to protect the cornea.

Result.—The next morning the lid had returned to its normal position, though there was still some thickening from residual oedema. Recovery was complete within the week.

Comment

It is necessary to distinguish between the true congenital deformity of ectropion of the lid margins, usually associated with other congenital lesions, such as microphthalmos, buphthalmos, ptosis, or epicanthus (Duke-Elder, 1952), and the eversion of the upper lid that follows the physiological trauma

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of birth. In the first, either the upper or lower lid may be everted and may remain in that position; in the second, there is spasm of the orbicularis fibres behind the eversion, which is usually confined to the upper lid, with resulting oedema of the exposed palpebral conjunctiva. The appearance is very similar to the condition of paraphimosis prepuceae, hence the suggested terminology.

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