Letter to the Editor

Congenital eyelid imbrication syndrome

Authors

DJ De Silva BSc, MRCOphth ¹
AR Fielder FRCP, FRCS, FRCOphth ¹,²
YD Ramkissoon PhD, MRCP, MRCOphth ¹

Institution

1. Hillingdon Hospital, Department of Ophthalmology, Piel Heath Road, Uxbridge, Middlesex, London UB8 3NN, UK

2. Department of Ophthalmology, Department of Optometry & Visual Science
City University, Northampton Square, London, EC1V 0HB, UK

CORRESPONDENCE & REPRINTS

Mr. D.J De Silva
Western Eye Hospital, Ophthalmology Department,
Flat 6, 55 Queens Gardens, London, W2 3AF, UK.
Email. drdjdailles@yahoo.co.uk
Tel. 07818 248 751
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Abstract

We describe a case of congenital eyelid imbrication syndrome in a full term male neonate presenting with large upper eyelids overriding the lower lids on lid closure and exhibiting spontaneous upper lid eversion with orbicularis oculi contraction. This extremely rare cause of congenital eyelid malposition shows spontaneous improvement with conservative management.

Key Words

Eyelid imbrication syndrome, floppy eyelid, neonate
Eyelid imbrication syndrome is a rare cause of congenital eyelid malposition characterised by overriding of the upper eyelids on the lower lids. In the adult, eyelid imbrication is usually associated with floppy eyelid syndrome, and is managed by surgical tightening of the upper lid. In children, eyelid imbrication is extremely rare with only a single previously reported congenital case. Here we describe a second case of congenital eyelid imbrication in an otherwise healthy neonate presenting with overriding upper lids on eyelid closure and also spontaneous upper lid eversion.

**Case Report**

A full term newborn male of Indian origin was referred 48 hours post-partum with sticky eyes and apparent ‘entropion’ of both lower eyelids. The pregnancy and birth were unremarkable apart from minimal oligohydramnios noted at 20 weeks gestation. Ocular examination of the child asleep showed elongated upper lids and tarsal plates overlapping the lower lid margins by more than 1mm (Figure 1). Horizontal and mid-point vertical dimensions of the upper lids were 25mm and 8mm respectively. In addition, the upper eyelids were ‘floppy’ and could be everted with minimal effort or did so spontaneously with forceful orbicularis oculi contraction. The subtarsal conjunctiva showed minimal hyperaemia and few papillae. Conjunctival swabs showed no microbial growth. The patient was managed with topical lubricants and antibiotic prophylaxis. At 2 months post-partum there was marked improvement in lid position with reduced overriding and absence of spontaneous eversion.
Comment

Eyelid imbrication is typically acquired in adults over the age of 40, with only one previous report of the condition in a neonate.\(^1,2\) Here we describe a second congenital case, which in addition displayed spontaneous upper lid eversion on forceful contraction of orbicularis oculi. This striking feature is reminiscent of floppy lid syndrome, and was notably absent from the case reported by Rumelt and colleagues.\(^1\) In both cases of congenital imbrication, natural resolution occurs with apparent tightening of the upper canthal ligaments. Congenital eyelid imbrication syndrome is thus an unusual, apparently isolated and transient eyelid abnormality which resolves within the first few months of age. Surgical management of this condition is not required.
References


Legends

Figure 1.

A newborn neonate with bilateral eyelid imbrication syndrome. Large and elongated upper lids/tarsal plates overlapped the lower lid margins by over 1mm. The upper eyelids were ‘floppy’ and could be everted with minimal effort or did so spontaneously with forceful orbicularis oculi contraction.