

Conservative Management of Congenital Eversion of the Upper Lid in a Nigerian Child

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This is a case report of a male Nigerian child who was brought to the eye centre of Federal Medical Centre, Owo, Ondo State, Nigeria by his mother and concerned relatives three hours after delivery at a maternity centre in a nearby town in May, 2011. The child was noticed to have eversion of both the upper eyelids, most prominent on the left immediately after an uncomplicated spontaneous vaginal delivery following a full term uneventful pregnancy. Conservative management instituted led to resolution of the lid eversion within four days of presentation.

CASE HISTORY

We report the case of a male Nigerian child who was brought to the eye centre of Federal Medical Centre, Owo, Ondo State, Nigeria by his mother and concerned relatives three hours after delivery at a maternity centre in a nearby town in May, 2011.

The child was noticed to have eversion of both upper eyelids (more prominent on the left) immediately after an uncomplicated spontaneous vaginal delivery following a full term uneventful pregnancy.

Examination revealed both upper eyelids were everted most especially on the left. The right upper eye lid was easily repositioned with gentle digital pressure but there was spontaneous eversion of the right upper lid whenever the baby cried. Eye balls could not be visualized because of swelling and chemosis. There was no systemic abnormality noted. There was no similar occurrence in his family.

Conservative treatment was commenced immediately. We applied chloramphenicol ointment to both eyes and the left eye was patched. The eversion of the upper lids resolved fully by the fourth day after conservative treatment. Follow up two weeks later showed a sustained resolution of the eversion and normal ocular findings.

DISCUSSION

Congenital eye lid eversion is a rare condition which was first described by Adams in 1896.¹

He described it as double congenital ectropion. The aetiology of the condition is not clear. However the aetiology of the condition had been attributed commonly to birth trauma or congenital lid hypotonia.²

The other implicated patho-physiological factors include vertical shortening of the anterior lamellar or vertical elongation of the posterior lamella of the eye lid and failure of the orbital septum to fuse with levator aponeurosis, absence of effective lateral canthal ligament as well as lateral elongation of the eye lid.³ The condition is associated with black race⁴, trisomy 21⁵ and infants born with collodion disease.⁶ Sella in a literature review carried out in 1992, found fifty one reported cases in the literature.⁵ There was a previous report of congenital eversion of the lids in our centre which was conservatively managed⁷. The condition is typically bilateral, however unilateral cases have also been reported.⁸

Congenital eversion of the lids can be managed conservatively or surgically. Surgical treatment options include tarsorrhaphy, subconjunctiva injection of hyaluronic acid, fornix sutures and full thickness skin graft of the upper lid.³



Fig. 1: Congenital upper eye lid eversion before commencement of management



Fig. 2: Normal eyelids 4 days after treatment

This case was successfully managed conservatively. The early presentation most likely contributed to the resolution of the lid eversion with conservative management. We need to create awareness among the populace about this ocular condition with emphasis on desirability of early presentation.

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