Short communication

Eyelid ectropion caused by glasses. Mechanical centurion syndrome

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ABSTRACT

Case report: A 73-year-old woman with epiphora and ocular irritation resistant to medical treatment. The lacrimal pathway was permeable and there was no eyelid malposition. On examining the patient with her glasses on, both lower eyelids presented an inner third ectropion. Once the diagnosis was established and the mechanical factor resolved, the clinical symptoms improved within a few days.

Discussion: The diagnosis of the eyelid ectropion can be more complex when the ectropion is secondary to wearing glasses. The presence of the epicanthic fold shows the importance of the mechanical factor. In our patient the characteristics of the ectropion were similar to the so-called centurion syndrome.

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Ectropión palpebral por gafas. Síndrome del centurión mecánico

RESUMEN

Caso clínico: Mujer de 73 años con lagrimeo e irritación ocular resistentes al tratamiento médico. La vía lagrimal era permeable y no había malposición palpebral. Al examinar a la paciente con su gafa, ambos párpados inferiores presentaban ectropión de tercio interno. Una vez establecido el diagnóstico y resuelto el factor mecánico, los síntomas clínicos mejoraron en días.

Discusión: El diagnóstico del ectropión palpebral puede ser más complejo cuando es secundario al uso de gafas. La presencia del pliegue epicanto muestra la importancia del factor mecánico. En nuestra paciente las características del ectropión eran similares al denominado síndrome del centurión.

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Introduction

Ectropion is palpebral malpositioning. It is said that ectropion exists when the eyelid is everted, either fallen or tractioned from its correct apposition vis-a-vis the ocular globe. In most patients, ectropion is an acquired disorder. During palpebral inspection and with simple exploratory maneuvers, causal factors must be sought such as horizontal tissue laxitude, retractor weakness, orbicular muscle hypotony or lack of tone, skin scarring retractions or mechanical traction. In simple terms, ectropion can be classified as senile, paralytic, cicatricial or mechanical. This classification is useful when establishing treatment.1 Chalfin et al. described mechanical ectropion caused by poor adaptation of eyeglasses.2

Case report

Female patient, 73, consulted for constant tearing and ocular irritation beginning several months back. Treatment with artificial tears, NSAIDS and topical corticoids failed to produce improvement. Considerable laxitude was evident in both lower eyelids and internal edge (Fig. 1). No palpebral malposition was observed. Wash through the inferior lachrymal point evidenced permeable lachrymal pathways. The fluorescein clearing test did not retain staining. The patient wore the same eyeglasses since being operated for cataracts in both eyes seven years ago. When the patient was assessed while wearing her glasses, an epicanth fold and slight ectropion in the internal third of the inferior eyelid were observed (Fig. 2). After advising the patient to refrain from using her eyeglasses, the condition improved evidently in a few days.

Discussion

Palpebral ectropion is a frequent cause for visits to practices. Tearing and ocular irritation symptoms caused by ectropion prompt the patient to continuous cleaning and rubbing actions, which only worsens the process. The diagnostic is clinical and is arrived at during the palpebral assessment and with simple exploratory maneuvers. Reaching the correct diagnostics can be more complex in cases such as the instant one in which the leading factor in the ectropion is the pair of eyeglasses. This diagnostic difficulty, which was described in previous publications, is because the patient is usually assessed without wearing glasses.3,4 The patients presented in the publications by Chalfin and Rubin exhibited marked ectropion. The weight of the eyeglasses over the cheek pulls the lower eyelid and forms an epicanth fold of variable degree in the three patients. The formation of this fold evidences the importance of mechanical factors. In this case, the frame of the glasses was metallic and the only points of support were the nose cushions on the sides of the nasal bridge. The weight of the glasses (33 g) pulls tissue anteriorly and caudally, forming a noticeable epicanthifold and slight ectropion of the medial third, similar to the so-called Centurion syndrome.4 During the exploration a marked palpebral laxitude was observed.

During the exploration a marked palpebral laxitude was observed. The increased horizontal length of the eyelid was secondary to the collagen degeneration and elastosis of the canthal and tharsal ligaments. These changes were due to tissue aging.5 Our view is that the progressive laxitude of said tissues vis-a-vis the patient age explains the fact that
the symptoms appeared a few months back while the same eyeglasses had been worn for years. Once the diagnostic was established, treatment was prescribed with preservative-free artificial tears, instructing the patient to avoid using those glasses. The clinical improvement was significant in a couple of days: the tearing ended despite palpebral laxitude. Due to the use of lighter materials and better designed spectacle frames, these cases are increasingly rare in clinical practice.

**Conflict of interest**

No conflict of interest has been declared by the authors.

**REFERENCES**