

Entropion of the upper and lower eyelids



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Qu: What is ‘Entropion’?

Entropion refers to a condition in which the margin of the upper or lower eyelid turns in on itself towards the surface of the eye. Mild entropion may cause occasional irritation, whilst severe entropion may be sight-threatening.

Qu: What are the causes of entropion?

In common with *ectropion*, the most common cause of lower eyelid *entropion* is age-related instability of the eyelid structures. Laxity of the supporting tissues leads to an instability which may result in either in-turning (entropion) or out-turning (ectropion) of the eyelid. Other less common causes of lower eyelid entropion include previous injury, and inflammations of the inner aspects of the eyelids (e.g. cicatricial pemphigoid, see below).

The most frequent cause of *upper* eyelid entropion, on the other hand, are not age-related changes, but disorders causing shrinkage of the back surface of the eyelid, these including eye infections such as trachoma, a rare inflammatory disease called cicatricial pemphigoid, and other causes of ocular surface inflammation. Further causes include previous trauma or surgery, and bulkiness of the tissues in the upper lid which tends to lead to a drooping of the eyelashes towards the eyeball.

Qu: What are the symptoms of entropion?

An entropic eyelid irritates the eyeball, and can lead to a cycle of ocular irritation, eyelid squeezing, and further entropion. Thus, symptoms of upper lid entropion include ocular irritation, watering, redness, and sore eyes.

Qu: Can entropion pose a risk to the eye and vision?

Untreated upper lid entropion carries a significant risk of injury to the cornea, which is the front ‘window’ of the eye. Complications of upper lid entropion include the following:

- Corneal abrasions (causing ocular irritation, watering and redness)
- Corneal ulcers (leading to more significant symptoms, which can include blurred vision, increased pain, sensitivity to light, and severe watering)

Qu: What is the treatment for entropion?

The management of entropion depends on its cause, but frequently requires an operation to evert the eyelashes away from the eye. In the upper eyelid, this usually requires an incision in the horizontal skin-crease (or fold) of the lid, adjustment of the muscle which pulls the eyelid upwards, and placement of absorbable sutures which evert the eyelid. In the lower lid, entropion is often corrected with tightening of the outermost part of the lid and either sutures to evert the lid, or a horizontal incision in the skin beneath the eyelashes similar to the upper lid. The procedure is usually performed on an outpatient basis, under local anaesthesia, and takes about 45 minutes. As in all cases, where there has been previous injury or surgery, the procedure may be more complex, but can usually still be performed under local anaesthetic, although sedation may also be required.

Qu: What can I do to relieve the symptoms of entropion, and protect the eye in the meantime?

Daily cleansing of the eyelids, and bland ocular lubricants (readily available from any pharmacy without prescription) will help to relieve any irritation, redness and soreness. This is not however a permanent solution for entropion, but alleviates the symptoms and helps to break the cycle of ocular irritation and lid squeezing.

Qu: What precautions are required after surgery?

After surgery, your eye will be padded overnight to reduce swelling and bruising. Once the pad is removed, it is important not to rub or touch the eyelid, but to instil antibiotic drops as instructed, typically 4 times each day with ointment at night for two weeks. Swimming should be avoided for 2 – 3 weeks after surgery, but it is safe to fly, if needed, within a few days.

A follow-up appointment is made within 10 – 14 days to monitor healing of the eyelid(s), and to check the vision and front surface of the eye. Although the stitches are absorbable, these are usually removed to reduce local irritation.

Qu: What are the complications of entropion surgery?

Unfortunately, no operation is entirely without risk. Following correction of upper lid entropion, minor bruising and some redness – particularly along the lid margin, often occur. Other infrequent, but significant complications following surgery include:

- Infection
- Scarring: Incisions are ‘hidden’ in the upper lid skin crease or the rhytids (‘laughing lines’) at the outer corner of the eye, and tend not to be noticeable
- Recurrence of the entropion
- Irritation from the sutures, or from preservatives in the antibiotic drops
- Risk to the eyesight itself – A minuscule small risk to sight exists where any bulkiness within the lower eyelid requires removal.