

Ptosis

What is a droopy eyelid or ptosis?

A droopy eyelid, also called *ptosis*, happens when the muscle that lifts the eyelid is weak. The muscle is called the **levator muscle**.

In children, the most common reason is that this muscle does not develop normally before birth. This is called **congenital ptosis**. In other cases, the eyelid muscle may become weak later in life. This is called **acquired ptosis**.

Ptosis can affect one or both eyelids. One eyelid may look worse than the other. (See Figure 1.)



Figure 1: Ptosis can involve one or both upper eyelids.

What problems can happen with childhood ptosis?

If ptosis is mild, it usually does not cause vision problems and may not need treatment. A pediatric eye doctor (ophthalmologist) should check your child's eyes to see if the droopy eyelid is causing problems.

A droopy eyelid may cause:

1. **Astigmatism** – If the eyelid presses on the front of the eye, it can change the eye’s shape. This can make vision blurry or wavy. Glasses or surgery may be needed.
 2. **Chin-up position** – If the eyelid blocks vision, a child may tip their chin up to see under the droopy lid. They may also use their forehead muscles to lift the eyebrows. This can lead to neck problems or delays in development. If this happens, surgery may be needed.
 3. **Amblyopia (lazy eye)** – This means poor vision development. It can happen if astigmatism or other focusing problems are not treated. In rare cases, if the eyelid covers the eye completely, light cannot enter the eye, and vision does not develop. This can cause severe, permanent vision loss.
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What causes acquired ptosis?

Acquired ptosis can happen if there are problems with the brain, nerves, or eye muscles. Some conditions that cause this are:

- Myasthenia gravis
- Chronic progressive external ophthalmoplegia
- Horner syndrome
- Third cranial nerve palsy

Sometimes, a large bump or swelling on the eyelid can also cause ptosis. Children with acquired ptosis may also have problems moving their eyes.

How is ptosis checked by the eye doctor?

An eye doctor will do a full exam. They will look at:

- Eyelid position
- Vision
- Need for glasses
- Head position

Special imaging tests (like x-rays, CT scans, or MRIs) are not always needed.

How is ptosis treated?

Ptosis is treated with eyelid surgery. Surgery is needed if the droopy eyelid causes vision problems that cannot be fixed with glasses or other treatments.

If ptosis does not affect vision, surgery can often wait until a later age.

What surgical options exist?

The type of surgery depends on how well the eyelid muscle works.

1. **Levator resection** – If the eyelid muscle works but is weak, the doctor can shorten or tighten it so the eyelid lifts higher and looks closer to the other eye.
2. **Frontalis sling** – If the eyelid muscle does not work at all, the eyelid can be connected to the forehead muscle (frontalis). The forehead muscle then helps lift the eyelid. Different materials, like stitches, silicone, or tissue from the child's own body, can be used to make this connection.

Surgery can improve vision and appearance, but it cannot make the eyelid muscle normal. After surgery, the eyelids may still look uneven, especially when the child looks around. Sometimes, a small gap between the eyelids may be seen when the child is asleep.

Summary for patients and caregivers

Ptosis is when one or both eyelids droop because the muscle that lifts them is weak. In children, ptosis is often present at birth, but it can also happen later. A droopy eyelid can sometimes cause vision problems, lazy eye, or force a child to hold their head in an unusual position. An eye doctor will check to see if treatment is needed. If vision is at risk, surgery may be needed. Surgery can improve vision and appearance, but it cannot make the eyelid muscle completely normal. Regular eye exams are important to protect your child's vision.