

## BLEPHAROCHALASIS

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A 26-year-old female developed laxity and wrinkling of the skin of both the upper eyelids for the last 5 years. This was preceded by 4 attacks of lid edema starting at the age of 16 years.

**Key words :** Blepharochalasis.

Blepharochalasis is a rare condition, typically affecting the upper eyelids bilaterally, characterized by atrophy and relaxation of the lid tissues, following intermittent lid edema.<sup>1</sup> It was first described by Beer in 1817 and later given its name by Fuchs in 1896.<sup>2</sup> After recurrent and unpredictable attacks of lid edema starting at puberty, the skin becomes wrinkled, discoloured, atrophic, redundant and laced by tortuous vessels. The condition is usually bilateral and affects the upper lids but may be unilateral and may affect the lower lids. Stretching or disinsertion of the aponeurosis of levator palpebrae superioris muscle may give rise to ptosis.<sup>2</sup> The etiology is obscure. We are reporting a case of blepharochalasis.

### Case Report

A 26-year-old female developed laxity and wrinkling of the skin of both the upper eyelids. She was alright till the age of 16 years when she had an attack of painless edema of both the upper eyelids. It lasted for about a week and subsided of its own. Similar attacks of lid edema recurred at intervals of about 1 to 1½ years. She had taken some treatment from her family physician. For the last 5 years, she did not have any such attack but the skin of both the upper eyelids had progressively become lax and wrinkled (Fig. 1). Thin blood vessels could be seen on the atrophic skin. There was no evidence of ptosis or skin laxity anywhere else on the



Fig. 1. Atrophic and wrinkled skin of both the upper eyelids.

body. There was no family history of consanguinity or similar complaint in any other family member. Systemic examination and routine laboratory investigations did not reveal any abnormality. She was diagnosed as a case of blepharochalasis. Biopsy was not advised and she was referred to a plastic surgeon for the correction of this cosmetic problem.

### Comments

Our patient displayed the typical clinical picture of blepharochalasis with a typical history of recurrent attacks of lid edema. It should be differentiated from dermatochalasis, found in older persons with baggy eyelids due to senile atrophy of the skin.<sup>3</sup> The cause of the condition is unknown although an endocrine factor is suspected because of the onset of the attacks of lid edema at or around puberty.

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The only treatment is surgical correction. It should be delayed till the disease is quiescent as the treatment may fail because of the attacks of lid edema in the post-operative period.<sup>3</sup> Histopathological picture shows atrophy of epidermis, dilated blood vessels and loss of elastic tissue.<sup>2</sup>

Blepharochalasis may also be a manifestation of generalized cutis laxa or may form part of Ascher's syndrome.<sup>4</sup> However, in our case, there was no evidence of involvement of any other part of the body, nor any upper lip swelling as seen in Ascher's syndrome.

## References

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