BLEPHAROCHALASIS

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A young female developed laxily, wrinkling and atrophy of the skin of both eyelids of 2 years duration. This was preceded by numerous self-limiting attacks of painless oedema of both eyelids, starting at the age of 8 years. These episodes were more frequent in summer months and after exposure to sunlight. There was no other associated abnormality.

Key Word : Blepharochalasis

Introduction

Blepharochalasis is an uncommon condition characterized by permanent changes in the eyelids after recurrent and unpredictable attacks of oedema. It is typically bilateral, and mostly upper lids are involved. However, involvement of lower eyelids[1] and also unilateral[2] involvement is known to occur. The skin of the eyelids becomes baggy, wrinkled, sometimes thin, and is laced with dilated tortuous vessels. Herniation of fat may occasionally occur if the orbital septum is weakened. Ptosis may also be seen because of the stretching or disinsertion of aponeurosis of levator palpebrae superioris muscle.[3] We are reporting a case of blepharochalasis because of the paucity of documented cases in Indian literature.[4]

Case Report

A 14-year-old female was referred for consultation from the department of Pediatrics with gradually progressing laxity and wrinkling of both upper and lower eyelids of both sides of 2 years duration. She was reported to be normal till the age of 8 years when she had bilateral painless swelling of upper and lower eyelids. The swelling persisted for 2 to 3 days and subsided without any medication. Such attacks of asymptomatic swelling, more so in upper eyelids occurred repeatedly over a period of four years. It was more common in summer and following sun exposure. There were no further attacks in last 2 years. There was no history of any prior drug intake or urticarial lesions. There was no enlargement of thyroid. There was no history of drooping of upper eyelids. No similar illness was reported in any other member of family. The cutaneous examination revealed thin, lax, wrinkled and atrophic skin of both upper eyelids (Fig. 1). There were a few telangiectatic vessels on both sides. There was a very prominent pseudoepicanthic fold which was more pronounced on left side. The wrinkling was also visible on both lower eyelids, however, it was not very prominent. There was no other

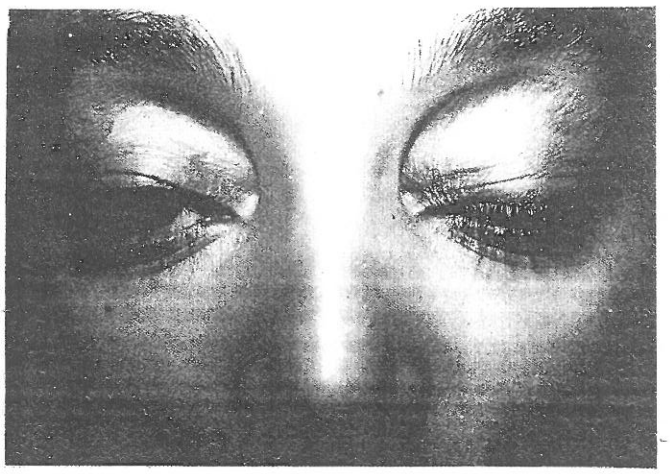

Fig. 1. Showing atrophic, wrinkled and lax skin on both eyelids.

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cutaneous abnormality. The systemic examination was normal. The haemogram and blood levels of urea, creatinine, proteins, calcium were normal. The patient was clinically diagnosed as a case of blepharochalasis and was advised to consult a plastic surgeon for cosmetic correction. The skin biopsy was not done because of cosmetic reasons.

Comments

Blepharochalasis is a relatively rare condition usually seen before the age of 20 years. It is characterized by recurrent attacks of eyelid oedema which often results in an acquired ptosis. Fuchs[5] termed it blepharochalsis (relaxed eyelid having cigarette-paper appearance) after the initial description by Beer in 1807.[4] The aetiology of the condition is obscure though different views have been documented. These include chronic proliferative inflammation, atrophy, angioneurotic and trophoneurotic disturbance, and pathological alterations of endocrine system.[6] The later view is supported by the association of this condition with thyroidomegaly in a few cases.[7]

Our patient displayed the classical clinical picutre of type 1 (Fuchs type)[8] of blepharochalasis with typical history of preceding recurrent oedema of both eyelids. It was followed by development of wrinkled, lax and atrophic eyelids as has been reported earlier.[1-4] However, our patient had involvement of both upper and lower eyelids which is rare and may occur in more severe cases.[1] These cases must be differentiated from the various local and systemic causes of eyelid oedema. Furthermore, it should be differentiated from dermatochalasis, found in older people with baggy eyelids due to senile atrophy of skin of eyelid, leaving no permanent change. In addition, blepharochalasis at times may be associated with progressive enlargement of upper lip (Ascher's syndrome), cutis laxa, tracheobronchomegaly, and other forms of widespread heritable elastolysis and following chronic or recurrent dermatitis of eyelids. In the reported case, no association with any such conditions were observed. However, exacerbation and/or initiation of eyelid swelling following excessive exposure to sunlight and more frequent occurrence in summer, observed in our case, has not been reported earlier.

The treatment of this condition is by surgical correction and should be deferred till the quiescence of disease activity.

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