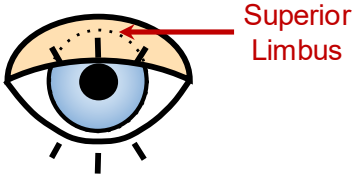
Pediatric Ptosis



Definition: Abnormally low upper eyelid (> 2.0 mm below superior limbus)

Red Flags: Pupil occlusion → amblyopia, strabismus, astigmatism

HISTORY

Onset & Progression
- Present since birth or acquired? Constant or fluctuating? Unilateral vs bilateral?

Associated Symptoms
- Strabismus, eye pain, diplopia, head tilt/chin elevation
- Systemic concerns (muscle weakness, developmental delay, autonomic symptoms)

Past History
- Birth history: trauma, forceps
- Trauma of eye/head

Family History
- Early-onset ptosis, muscle disorders, neurological conditions

PHYSICAL EXAM

Rule Out Pseudoptosis

Visual Acuity & Red Reflex
- Decreased vision or RAPD (tumor/neurology concern)

Pupil & Iris
- Anisocoria (Horner's)
- Dilated pupil (CN III palsy)
- Heterochromia (congenital Horner's syndrome)

Extraocular Movements
- Paralytic, "down & out" (CN III palsy)
- Restrictive (orbital tumor)
- Strabismus

Targeted Exams
- Fatigability with sustained upgaze (myasthenia gravis)
- Delayed muscle relaxation, facial weakness (myotonic dystrophy)
- Proptosis (orbital tumor or thyroid eye disease)
- Lid elevation with jaw movement (Marcus Gunn jaw-winking syndrome)

DDX	MECHANISM	CAUSES
Myogenic	Underdeveloped or dystrophic levator muscle	Isolated congenital ptosis (most common), congenital muscle diseases (myopathies)
Aponeurotic	Stretched or detached levator tendon	Trauma, surgery, chronic swelling, age-related
Neurogenic	Loss of nerve signal to eyelid muscles	Horner syndrome, CN III palsy, Marcus Gunn jaw-winking syndrome, myasthenia gravis, stroke, multiple sclerosis
Mechanical	Physical mass or swelling pulling lid down	Eyelid/orbital tumors, fat prolapse, edema, scarring
Pseudoptosis	Eyelid looks low, but lid mechanism is normal	Small/missing eye, downward eye alignment, excess eyelid skin, or opposite lid retraction (e.g., thyroid eye disease)

MANAGEMENT

Ophthalmology Referral: If visual axis obstruction, ocular torticollis, or acute onset. Early surgery if visual development is at risk; otherwise, can be delayed to age 3-5 years.

Neurology Referral: If myasthenia gravis, Horner's syndrome, or other neurologic pathology is suspected.

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