

Original Research Article

Monitoring and Management of Congenital Entropion: About 6 Cases

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Abstract: Congenital entropion is a pathology of the appendices corresponding to palpebral malposition characterized by an abnormal congenital inversion of the eyelid towards the eyeball. It consists of a rotation towards the inside of the margin of the eyelid, Anatomically, there is a horizontal or vertical release of the eyelid, a disinsertion of the retractors, and a hyper action of the orbicular. It may be of interest to one eye or bilateral. Often touches the lower palm. May cause mechanical irritation of the ocular surface by eyelashes that come in contact with the globe, which can lead to abrasion and ulceration of the cornea sometimes visual impairment. The first typical symptoms are a sensation of a foreign body, redness, watering, ocular discharge, and photophobia. The success of the result depends on the early diagnosis which must be appropriate, the choice of surgical technique, and the absence of preoperative complications. Often regress spontaneously, in case of failure surgery is necessary. Prognosis is often good.

Keywords: Congenital Entropion, eyelid, eyelashes, orbicular muscle.

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INTRODUCTION

Congenital entropion is most often related to hypertrophy of the orbicular muscle or abnormality of the retractors or tarsus, associated with excess skin. It is usually bilateral and mainly affects the lower eyelid primarily.

Remains a rare condition, difficult to diagnose, often affecting children of Asian race. The purpose of our work is to report on our service's experience in dealing with these children with congenital entropion.

MATERIELS ET METHODS

Our study is retrospective descriptive, involving 6 children with congenital entropion aged 3 months to 24 months followed in our ophthalmology department pediatric unit; of which: 2 children have asymmetrical bilateral congenital entropion, 3 children have unilateral congenital entropion, 1 child with complicated congenital entropion of corneal ulceration. Our surgical technique was simple through 3 U-stitches at the lower palpebral fold, performed under general anesthesia. The surgery interested 6 eyelids. 2 cases regressed spontaneously.

RESULTS

A good result was observed in all surgical patients immediately after surgery. 2 cases regressed spontaneously without sequelae, and therefore the surgical indication had not occurred.

After a decrease of 3 to 4 years, the same satisfactory result was maintained in all patients operated.

DISCUSSION

Congenital entropion is related to pretarsal and preseptal orbicular muscle hypertrophy.

It is the rotation of the palpebral margin towards the globe; the lashes rubbing on the cornea then cause keratitis, more or less moaning and severe that dominates the treatment decision.



Congenital Entropion

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Congenital entropion usually regresses spontaneously during growth. 2 main pathophysiological forms; a form by the dissipation of the retractors and hypertrophying spasms of the orbicular which is most common, and a rare form by congenital scar-like tarsal retraction.

The differential diagnosis can be made with the epiblepharon, by pulling down the skin of the lower eyelid that deviates completely from the globe in the EC opposite to the epiblepharin.

The positive diagnosis is difficult in an awake child; and can be evoked in front of eye irritation, photophobia, and especially corneal ulceration.

During an examination, note any facial spasms, signs of skin irritation, or infection. Particular attention is paid to the structures of the eyelid edges to assess the presence of scar tissue or trichiasis cilia in entropion.

Digital traction tests assess the horizontal and vertical laxity of the eyelids. The diagnosis of spastic or intermittent entropion can be made.

Examination with a slit lamp with fluorescein reveals possible corneal complications such as

superficial punctate keratitis or ulceration. Careful examination of the conjunctiva is also important.

Congenital entropion is rarely operated on because it often regresses spontaneously and the infant's eyelashes are very fine and rarely responsible for corneal disorders.

Surgery will only be offered at the age of 1 year, except in the case of an important functional gene, and that keratitis may cause ocular sequelae.

Medical treatment may be offered pending surgery including artificial tears, lubricants, scars with ointment in the evening, or a therapeutic lens or botulinum toxin in the pretarsal orbicular and preseptal to combat the spasmodic component.

The surgical treatment consists of the realization of U-shaped sutures by absorbable threads with resection of a.

The prognosis is generally good especially if the diagnosis and therapeutic management are early before the installation of definitive corneal scars that are heavy to take care of later.



Before Surgery



Surgical procedure: U-stitch at the lower palpebral fold



Postoperative Result

CONCLUSION

Congenital entropion is a pathology of the orbicular muscle or retractors or tarsus, which remains rare, and difficult to diagnose.

Often, it regresses spontaneously, otherwise, surgery is needed as soon as keratitis appears with insufficient medical healing treatment. The critical value of early diagnosis and treatment. Prognostic is generally good.

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