The etiologic categories for entropion and ectropion are similar, but not identical. *Come up with all 6.*
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**Entropion**
- Congenital
- Involutional
- Paralytic
- Cicatricial
- Mechanical
- Acute Spastic

**Ectropion**
The etiologic categories for entropion and ectropion are similar, but not identical. Come up with all 6. Divide ‘em up (some will be used for both)

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Now divvy ‘em up…
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*Let’s take a closer look at spastic entropion…*
What is the ‘vicious cycle’ of spastic entropion?
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- Ocular surface irritation
- Inward rotation of the lid margin
- Spastic Entropion
What is the ‘vicious cycle’ of spastic entropion?

- Sustained orbicularis contraction
- Ocular surface irritation
- Inward rotation of the lid margin
Who is the classic spastic entropion pt?
Who is the classic spastic entropion pt?
An elderly individual s/p recent intraocular surgery
Who is the classic spastic entropion pt?

An **elderly individual** s/p recent intraocular surgery

Why are the elderly predisposed to acute spastic entropion?

- **Sustained orbicularis contraction**
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- **Inward rotation of the lid margin**
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**Spastic Entropion**

- Sustained orbicularis contraction
- Ocular surface irritation
- Inward rotation of the lid margin

*Why are the elderly predisposed to acute spastic entropion?*

Because of the involutional changes that are inevitably present in these pts—changes that make possible the inturning of the lid margin
Who is the classic spastic entropion pt?

An **elderly individual** s/p recent intraocular surgery

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**Spastic Entropion**

- Sustained orbicularis contraction
- Inward rotation of the lid margin
- Ocular surface irritation

Why are the elderly predisposed to acute spastic entropion?

Because of the **involutional changes** that place elderly pts at risk for spastic entropion:

- Horizontal lid laxity
- Dis-insertion of the eyelid retractors from the lower border of the tarsal plate
- Enophthalmos due to age-related loss of orbital fat
Who is the classic spastic entropion pt?

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Why are the elderly predisposed to acute entropion?
Because of the involutional changes that make possible the inturning of the lid margin

Why does being s/p intraocular surgery put them at risk?
It provides the ocular irritation that kicks off the cycle

What are the involutional changes that place elderly pts at risk for spastic entropion?
--Horizontal lid laxity
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Why are the elderly predisposed to acute pts at risk for spastic entropion?
- It provides the ocular irritation that kicks off the cycle
To treat acute spastic entropion, *break the cycle!*
What *nonsurgical* counter-rotation technique could you consider?

- **Spastic Entropion**
- Sustained orbicularis contraction
- Inward rotation of the lid margin
- Ocular surface irritation
What *nonsurgical* counter-rotation technique could you consider? **Lid taping**

- **Spastic Entropion**
  - Sustained orbicularis contraction
  - Inward rotation of the lid margin
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What three **surgical** counter-rotation techniques could you consider?

- Spastic Entropion
- Sustained orbicularis contraction
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What three **surgical** counter-rotation techniques could you consider? Botox; Quickert sutures; cautery

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**Spastic Entropion**
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**Spastic Entropion**

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*In a nutshell, how does the Quickert procedure work? What does it do?*
In a nutshell, how does the Quickert procedure work? What does it do? Quickert sutures re-insert the lower-lid retractors onto the tarsal plate.

- What three surgical counter-rotation techniques could you consider? Botox; Quickert sutures; cautery.
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**Spastic Entropion**

- What three surgical counter-rotation techniques could you consider? Botox; **Quickert sutures**; cautery.

Briefly, how are Quickert sutures placed, and how do they work?

The pass starts just below the lash line traveling down and posterior, passing in front of and then below the tarsal plate. It comes out on the conj surface shortly before the inferior fornix. When cinched, the suture torques the inward-curling lid away from the globe.

What suture material is used? Preferences vary, but 4-0 silk or chromic work well.

How many throws are placed? Usually three.
What three **surgical** counter-rotation techniques could you consider? Botox; **Quickert sutures**; cautery

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Does the Quickert procedure work well?

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Sustained orbicularis contraction

Inward rotation of the lid margin

Ocular surface irritation

Spastic Entropion
A

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- In a nutshell, how does the Quickert procedure work? What does it do? *Quickert sutures* re-insert the lower-lid retractors onto the **tarsal plate**

- **Does the Quickert procedure work well?** *Yes, very*
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Does the Quickert procedure work well? Yes, very.

Does it have any drawbacks?
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Q

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**Spastic Entropion**

- **Sustained orbicularis contraction**
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**Why do Quikert sutures fail?**

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**Spastic Entropion**

- Sustained orbicularis contraction
- Ocular surface irritation
- Why do Quickert sutures fail? Because they fail to definitively address the underlying involutional changes that put the pt at risk for spastic entropion in the first place
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What three surgical counter-rotation techniques could you consider? Botox; Quickert sutures; cautery.

How are the involutional changes definitively addressed?
- Horizontal lid laxity:
- Dis-inserted retractors:
- Enophthalmos due to age-related loss of orbital fat:

Ocular surface irritation

Sustained orbicularis contraction

Inward rotation of the lid margin

Spastic Entropion

How are the involutional changes definitively addressed?
- Horizontal lid laxity:
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Sustained orbicularis contraction

Ocular surface irritation

Inward rotation of the lid margin

Spastic Entropion

How are the involutional changes definitively addressed?
- **Horizontal lid laxity**: Tightening procedure, eg, lateral tarsal strip
- **Dis-inserted retractors**: Permanent re-attachment
- **Enophthalmos due to age-related loss of orbital fat**: Tough to treat

In a nutshell, how does the Quickert procedure work? What does it do?
Quickert sutures re-insert the lower-lid retractors onto the tarsal plate

Does the Quickert procedure work well? **Yes, very**

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