The etiologic categories for entropion and ectropion are similar, but not identical. *Come up with all 6.*
The etiologic categories for entropion and ectropion are similar, but not identical. **Come up with all 6.**

<table>
<thead>
<tr>
<th>Entropion Categories</th>
<th>Ectropion Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congenital</td>
<td></td>
</tr>
<tr>
<td>Involutional</td>
<td></td>
</tr>
<tr>
<td>Paralytic</td>
<td></td>
</tr>
<tr>
<td>Cicatricial</td>
<td></td>
</tr>
<tr>
<td>Mechanical</td>
<td></td>
</tr>
<tr>
<td>Acute Spastic</td>
<td></td>
</tr>
</tbody>
</table>
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### Entropion Categories
- Congenital
- Involutional
- Paralytic
- Cicatricial
- Mechanical
- Acute Spastic

### Ectropion

**Now divvy ‘em up…**
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)*
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)*

**Entropion**
- Congenital
- Involutional

**Ectropion**
- Congenital
- Involutional

*Let’s look at paralytic ectropion in more detail…*
- Paralytic
- Cicatricial
- Mechanical
- Acute Spastic
What is the typical setting/cause of paralytic ectropion?
Paralytic Ectropion

What is the typical setting/cause of paralytic ectropion?
A facial nerve (CN7) palsy
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Upon leaving the skull, CN7 immediately enters the substance of a large gland. Which one?
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What is the typical setting/cause of paralytic ectropion?
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Upon leaving the skull, CN7 immediately enters the substance of a large gland. Which one?
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While in the parotid gland, CN7 splits into branches. How many branches does it (usually) have?
What is the typical setting/cause of paralytic ectropion?
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Five
Q

What is the typical setting/cause of paralytic ectropion?

- **facial nerve (CN7) palsy**

Upon leaving the skull, CN7 immediately enters the substance of a large gland. Which one?

- The parotid

While in the parotid gland, CN7 splits into branches. How many branches does it (usually) have?

- Five

Because of their anatomic relationship, inflammation involving the parotid gland can produce CN7 palsy. Speaking of, there is a classic syndrome involving parotitis and CN7 palsy (along with uveitis and fever). What is the eponymous name of this syndrome?

- Heerfordt syndrome

What is the underlying cause of inflammation in Heerfordt syndrome?

- Sarcoidosis
What is the typical setting/cause of paralytic ectropion?

- facial nerve (CN7) palsy

Upon leaving the skull, CN7 immediately enters the substance of a large gland. Which one?

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Heerfordt syndrome

What is the underlying cause of inflammation in Heerfordt syndrome?
Sarcoidosis

In case you’re wondering, this is not useless trivia! You may well see Heerfordt syndrome on the hoof (I have), and it’s definitely in play on the OKAPs, WQEs and Boards.

In the back of your mind, file an image of someone with chipmunk-looking cheeks (that’s the parotitis), facial palsy and uveitis under the headings ‘Heerfordt’ and ‘sarcoidosis.’ Trust me on this one.
What is the typical setting/cause of paralytic ectropion?
A facial nerve (CN7) palsy

Paralysis of what facial muscle leads to ectropion?
Paralytic Ectropion

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Paralysis of what facial muscle leads to ectropion?
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Of its five, which two branches of CN7 (usually) innervate the orbicularis muscle?
A

What is the typical setting/cause of paralytic ectropion?
A facial nerve (CN7) palsy

Paralysis of what facial muscle leads to ectropion?
The orbicularis oculi

Of its five, which two branches of CN7 (usually) innervate the orbicularis muscle?
The temporal and zygomatic
**Paralytic Ectropion**

**What is the typical setting/cause of paralytic ectropion?**
A facial nerve (CN7) palsy

**Paralysis of what facial muscle leads to ectropion?**
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**Does the ectropion involve the lower lid, the upper, or both?**
**Paralytic Ectropion**

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*Does the ectropion involve the lower lid, the upper, or both?*
The lower only (ectropion is not how orbicularis paralysis manifests in the upper lid)
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OK then, how does orbicularis paralysis manifest in the upper lid?
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OK then, how does orbicularis paralysis manifest in the upper lid?
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What is lagophthalmos?
What is the typical setting/cause of paralytic ectropion? A facial nerve (CN7) palsy

Paralysis of what facial muscle leads to ectropion? The orbicularis oculi

Does the ectropion involve the lower lid, the upper, or both? The lower only (ectropion is not how orbicularis paralysis manifests in the upper lid)

OK then, how does orbicularis paralysis manifest in the upper lid? As lagophthalmos

What is lagophthalmos? The inability to completely close the eyelids
As for managing paralytic ectropion:

The overarching treatment goal is...
As for managing paralytic ectropion:

The overarching treatment goal is...protect the cornea from exposure damage
As for managing paralytic ectropion:

*The overarching treatment goal is…* protect the cornea from exposure damage.

Two basic levels of *dz severity*
As for managing paralytic ectropion:

*The overarching treatment goal is*...*protect the cornea from exposure damage*

Mild/temporary \[\leftarrow\] *Two basic levels of dz severity* \[\rightarrow\] Severe/permanent
As for managing paralytic ectropion:

*The overarching treatment goal is…* protect the cornea from exposure damage

*If the paralysis/ ectropion is…*

Mild/temporary  Two basic levels of dz severity  Severe/permanent
As for managing paralytic ectropion:

The overarching treatment goal is... protect the cornea from exposure damage

If the paralysis/ectropion is...

Mild/temporary <--- Two basic levels of dz severity ---Severe/permanent

...these maneuvers will likely be needed to protect the cornea
As for managing paralytic ectropion:

The overarching treatment goal is... protect the cornea from exposure damage.

If the paralysis/ectropion is...

Mild/temporary → Two basic levels of dz severity → Severe/permanent

- Lubrication
- Ointment
- Lid taping
- Tarsorrhaphy
- Gold weight placement
- Lid tightening

...these maneuvers will likely be needed to protect the cornea
Paralytic Ectropion

- As for managing paralytic ectropion:

  The overarching treatment goal is... protect the cornea from exposure damage.

  If the paralysis/ectropion is...

  There are two common ways to categorize tarsorrhaphies. What are they?

  ...these maneuvers will likely be needed to protect the cornea.

  With respect to...

  Severe/permanent

  Tarsorrhaphy

  Gold weight placement

  Lid tightening

  Lid taping
As for managing paralytic ectropion:

The overarching treatment goal is... protect the cornea from exposure damage.

If the paralysis/ectropion is...

There are two common ways to categorize tarsorrhaphies. What are they? One is to categorize them in terms of their permanency; the other, in terms of their extent.

...these maneuvers will likely be needed to protect the cornea.
As for managing paralytic ectropion:

The overarching treatment goal is... protect the cornea from exposure damage.

If the paralysis/ectropion is... [Diagram]

Mild/temporary

- Two basic levels of dz severity

- Ointment
- Lid taping

- These maneuvers will likely be needed to protect the cornea

Severe/permanent

- Permanancy
- Tarsorrhaphy
- Lid tightening

Each category has two types. What are they?

- With respect to...

With respect to...

Extent
As for managing paralytic ectropion:

The overarching treatment goal is to protect the cornea from exposure damage.

If the paralysis/ectropion is...

Mild/temporary

Each category has two types. What are they?

- Partial
- Complete

Two basic levels of dz severity

...these maneuvers will likely be needed to protect the cornea

Permanent

Temporary

Permanancy

Tarsorrhaphy

Gold weight placement

Lid tightening

Extent

With respect to...

Partial

Complete
As for managing paralytic ectropion:

The overarching treatment goal is to protect the cornea from exposure damage. Additional maneuver(s) will likely be needed to protect the cornea...

In terms of technique, temporary and permanent tarsorrhaphies differ in a couple of key ways. What are they?

- Lubrication
- Ointment
- Lid taping

...these maneuvers will likely be needed to protect the cornea
As for managing paralytic ectropion:

The overarching treatment goal is... protect the cornea from exposure damage.

**Paralytic Ectropion**

In terms of technique, temporary and permanent tarsorrhaphies differ in a couple of key ways. What are they? They are 1) the type of suture used, and 2) how the lid-margin epithelium is handled.

...these maneuvers will likely be needed to protect the cornea.
As for managing paralytic ectropion:

The overarching treatment goal is to protect the cornea from exposure damage.

In terms of technique, temporary and permanent tarsorrhaphies differ in a couple of key ways: What are they? They are 1) the type of suture used and 2) how the lid-margin epithelium is handled.

What sort of suture is used for:
- temporary tars?
- permanent tars?

...these maneuvers will likely be needed to protect the cornea...
As for managing paralytic ectropion:

The overarching treatment goal is to protect the cornea from exposure damage.

In terms of technique, temporary and permanent tarsorrhaphies differ in a couple of key ways. What are they? They are 1) the type of suture used, and 2) how the lid-margin epithelium is handled.

What sort of suture is used for:
- temporary tars? **Nonabsorbable**
- permanent tars? **Absorbable**

In terms of extent, levels of:
- Lubrication
- Ointment
- Lid taping

...these maneuvers will likely be needed to protect the cornea.
As for managing paralytic ectropion:

The overarching treatment goal is... to protect the cornea from exposure damage.

In terms of technique, temporary and permanent tarsorrhaphies differ in a couple of key ways. What are they?

They are 1) the type of suture used, and 2) how the lid-margin epithelium is handled.

How is the epithelium handled in:

- temporary tars?
- permanent tars?

What sort of suture is used for:

- temporary tars? **Nonabsorbable**
- permanent tars? **Absorbable**

...these maneuvers will likely be needed to protect the cornea.
Two basic levels of dz severity

As for managing paralytic ectropion:

The overarching treatment goal is...protect the cornea from exposure damage

In terms of perma...key way? What are they?
They are 1) the type of suture used, and
2) how the lid-margin epithelium is handled.

How is the epithelium handled in:
--temporary tars? It is left alone
--permanent tars? It is denuded

...these maneuvers will likely be needed to protect the cornea
As for managing paralytic ectropion:

The overarching treatment goal is... protect the cornea from exposure damage.

**Temporary**
- Lubrication
- Nonabsorbable sutures
- Tarsorrhaphy
- Gold weight placement
- Lid tightening
- How is the epithelium handled in:
  - temporary tars? It is left alone
  - permanent tars? It is **denuded**

**Permanent**
- Lubrication
- Absorbable sutures
- Tarsorrhaphy
- Gold weight placement
- Lid tightening
- What's the purpose of denuding the lid-margin epithelium?

**Permanency**
- Extent
  - Complete
  - Partial
- With respect to...
  - Permanency
  - Extent
- In terms of...
  - Permanency
  - Extent
- What sort of suture is used for:
  - temporary tars? **Nonabsorbable**
  - permanent tars? **Absorbable**
Paralytic Ectropion

As for managing paralytic ectropion:

The overarching treatment goal is to protect the cornea from exposure damage. The severity of the condition can be classified as mild/temporary or severe/permanent.

- **Lubrication**
- **Tarsorrhaphy**
- **Gold weight placement**
- **Lid tightening**

If the paralysis/ectropion is severe/permanent, these maneuvers will likely be needed to protect the cornea.

**Extent**
- Complete
- Partial

**Permanancy**
- Temporary
- Permanent

**What sort of suture is used for:**
- Temporary tars? **Nonabsorbable**
- Permanent tars? **Absorbable**

**How is the epithelium handled in:**
- Temporary tars? It is left alone
- Permanent tars? It is **denuded**

**What’s the purpose of denuding the lid-margin epithelium?**
As they heal, the raw upper and lower lid margins will fuse, thereby making the tars permanent (as an aside, this is why absorbable sutures can be used—once the margins fuse, suture tension is no longer needed to maintain lid closure).
As for managing paralytic ectropion:

The overarching treatment goal is... protect the cornea from exposure damage.

If the paralysis/ectropion is...

- **Mild/temporary**
  - **Lubrication**
  - **Tarsorrhaphy**
- **Severe/permanent**
  - **Gold weight placement**
  - **Lid tightening**

If these maneuvers will likely be needed to protect the cornea...

**Permanancy**

- **Temporary**
  - With respect to...
- **Permanent**
  - With respect to...

**Extent**

- **Partial**
  - With respect to...
- **Complete**

**Permanency**

- **With respect to...**

**Partial**

- **With respect to...**

**Complete**

**Permanency**

- **With respect to...**

Are partial tarsorrhaphies placed medially, or temporally?

Per the Orbit BCSC book, either is acceptable. (Although IMHO temporal placement is preferred as it is technically easier to perform, has better cosmesis, and does not risk damaging the lacrimal apparatus. Just my $0.02.)
As for managing paralytic ectropion:

The overarching treatment goal is... protect the cornea from exposure damage.

If the paralysis/ectropion is...

- **Mild/temporary**
  - Lubrication
  - Tarsorrhaphy
- **Severe/permanent**
  - Gold weight placement
  - Lid tightening

**Permanancy**

- **Temporary**
- **Permanent**

**Extent**

- **Partial**
- **Complete**

Are partial tarsorrhaphies placed medially, or temporally? Per the Orbit book, either is acceptable. (Although IMHO temporal placement is preferred as it is technically easier to perform, has better cosmesis, and does not risk compromising the lacrimal apparatus. Just my $0.02.)
As for managing paralytic ectropion:

The overarching treatment goal is... protect the cornea from exposure damage.

If the paralysis/ectropion is...

There is an alternative technique that can be used to create a complete temporary tarsorrhaphy without sutures. What is it?...

...these maneuvers will likely be needed to protect the cornea.
As for managing paralytic ectropion:

The overarching treatment goal is...protect the cornea from exposure damage.

If the paralysis/ectropion is...
- There is an alternative technique that can be used to create a complete temporary tarsorrhaphy without sutures. What is it? The levator muscle can be paralyzed with an injection of botulinum toxin.
- These maneuvers will likely be needed to protect the cornea.

With respect to...
- Extent
  - Complete
  - Partial
- Permanancy
  - Temporary
  - Permanent
- Severity
  - Mild/temporary
  - Severe/permanent
- Treatment
  - Lubrication
  - Ointment
  - Lid taping
  - Tarsorrhaphy
  - Gold weight placement
  - Lid tightening
As for managing paralytic ectropion:

The overarching treatment goal is to protect the cornea from exposure damage. If the paralysis/ectropion is severe/permanent, these maneuvers will likely be needed to protect the cornea.

In terms of technique, temporary and permanent tarsorrhaphies differ in a couple of key ways. What are they?

- They are 1) the type of suture used, and 2) how the lid-margin epithelium is handled.

How is the epithelium handled in:
- temporary tars? It is left alone.
- permanent tars? It is denuded.

What's the purpose of denuding the lid-margin epithelium?
- As they heal, the raw upper and lower lid margins will fuse, thereby making the tars permanent. (As an aside, this is why absorbable sutures can be used—once the margins fuse, suture tension is no longer needed to maintain lid closure.)

Note that the BCSC Orbit book is not a fan of the permanent tarsorrhaphy—says it “should be avoided” unless absolutely necessary.
As for managing paralytic ectropion:

The overarching treatment goal is... protect the cornea from exposure damage

If the paralysis/ectropion is...

Mild/temporary
- Lubrication
- Ointment
- Lid taping

Severe/permanent
- Tarsorrhaphy

Two basic levels of dz severity

...these maneuvers will likely be needed to protect the cornea

In its place, the book advocates for gold weight placement in conjunction with lid tightening
Also, when managing paralytic ectropion…

- Remember: $7 + 5 = ?$ [Note: Not 12]
● Also, when managing paralytic ectropion…
  ● Remember: $7 + 5 = \text{Tarsorrhaphy}$
Also, when managing paralytic ectropion...

- Remember: \[ 7 + 5 = \text{Tarsorrhaphy} \]

\[ 7 + 5 = \text{tarsorrhaphy? What on earth is that supposed to mean?} \]
Also, when managing paralytic ectropion...

Remember: \((\text{CN}7 + \text{CN}5) = \text{Tarsorrhaphy}\)

7 + 5 = tarsorrhaphy? What on earth is that supposed to mean? It means if a pt has both a CN7 palsy preventing lid closure and decreased corneal sensation (ie, CN5 dysfunction), then s/he is at very high risk for exposure keratopathy, and prophylactic tarsorrhaphy (or similar procedure) should be strongly considered.
Also, when managing paralytic ectropion...

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*What does this imply about the initial evaluation of a pt presenting with paralytic ectropion?*
Also, when managing paralytic ectropion…

- Remember: $(\text{CN}7) + (\text{CN}5) = \text{Tarsorrhaphy}$

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What does this imply about the initial evaluation of a pt presenting with paralytic ectropion? That it must include assessment of corneal sensation.
Also, when managing paralytic ectropion…

Remember: 

\[(\text{CN}7) + (\text{CN}5) = \text{Tarsorrhaphy}\]

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What does this imply about the initial evaluation of a pt presenting with paralytic ectropion? That it must include assessment of corneal sensation.

What two broad categories of conditions causing paralytic ectropion are most likely to also result in loss of corneal sensation?
Also, when managing paralytic ectropion…

Remember: \((CN)^7 + (CN)^5 = \text{Tarsorrhaphy}\)

What on earth is that supposed to mean? It means if a pt has both a CN7 palsy preventing lid closure and decreased corneal sensation (ie, CN5 dysfunction), then s/he is at very high risk for exposure keratopathy, and prophylactic tarsorrhaphy (or similar procedure) should be strongly considered.

What does this imply about the initial evaluation of a pt presenting with paralytic ectropion? That it must include assessment of corneal sensation.

What two broad categories of conditions causing paralytic ectropion are most likely to also result in loss of corneal sensation? CVA, and intracranial surgery.
Also, when managing paralytic ectropion...

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What two broad categories of conditions causing paralytic ectropion are most likely to also result in loss of corneal sensation? CVA, and intracranial surgery.

What is the most common cause of simultaneous loss of CNs 5 & 7?
Also, when managing paralytic ectropion…

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What does this imply about the initial evaluation of a pt presenting with paralytic ectropion? That it must include assessment of corneal sensation.

What two broad categories of conditions causing paralytic ectropion are most likely to also result in loss of corneal sensation? CVA, and intracranial surgery.

What is the most common cause of simultaneous loss of CNs 5 & 7? Tumor type (two words) resection surgery.
Also, when managing paralytic ectropion…

- Remember: \((\text{CN})^7 + (\text{CN})^5 = \text{Tarsorrhaphy}\)

7 + 5 = tarsorrhaphy? What on earth is that supposed to mean? It means if a pt has both a CN7 palsy preventing lid closure and decreased corneal sensation (ie, CN5 dysfunction), then s/he is at very high risk for exposure keratopathy, and prophylactic tarsorrhaphy (or similar procedure) should be strongly considered.

What does this imply about the initial evaluation of a pt presenting with paralytic ectropion? That it must include assessment of corneal sensation.

What two broad categories of conditions causing paralytic ectropion are most likely to also result in loss of corneal sensation? CVA, and intracranial surgery.

What is the most common cause of simultaneous loss of CNs 5 & 7? Acoustic neuroma resection surgery.