

# Management of Ptosis in OPMD

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## “OCULO”pharyngeal

The “EYE” part includes progressive weakness of the muscle that lifts the eyelid, and sometimes the muscles that move the eyeball around

# Types of Ptosis

**Myogenic = muscle weakness**

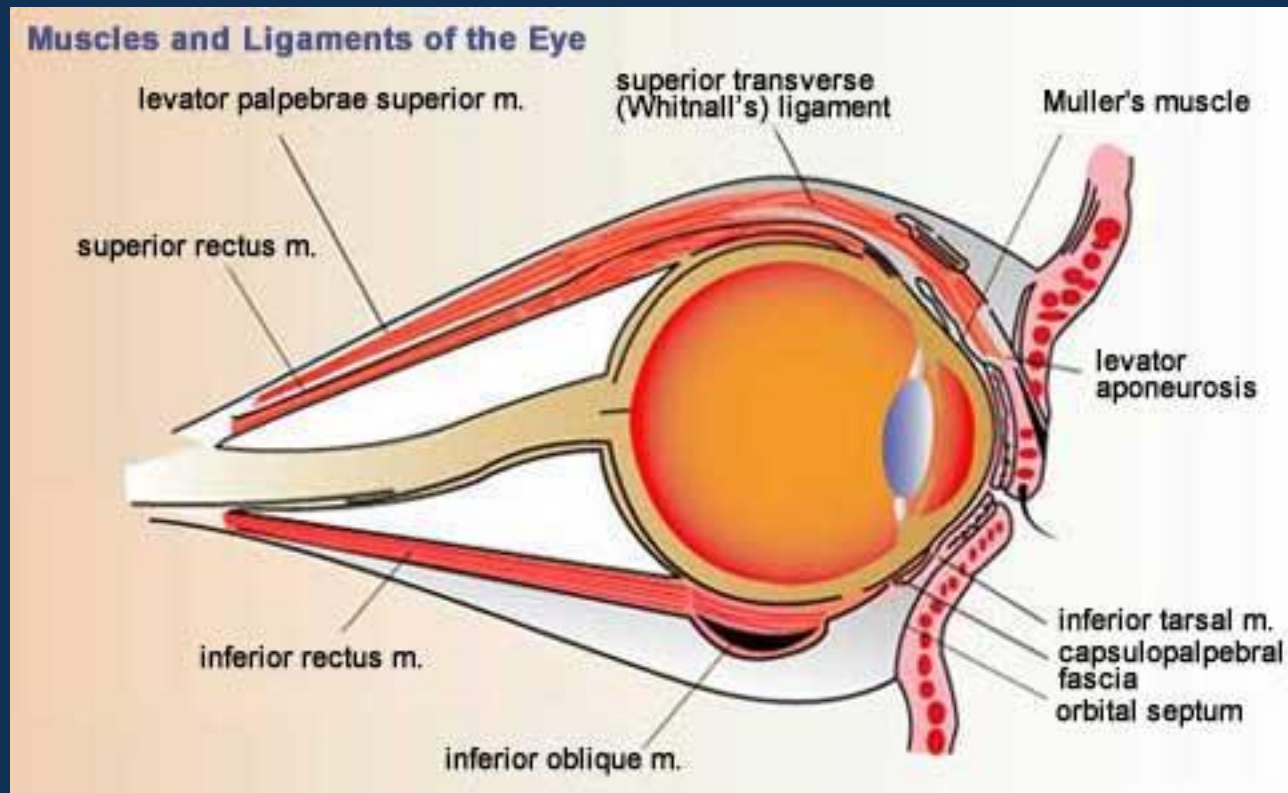


**Levator dehiscence = muscle lengthening**



Photo courtesy of A.Joshi, MD

# Myogenic Ptosis



# Ptosis in OPMD

- Usually starts in 50's
- 99% of patients have ptosis by age 70
- Ptosis is often the first symptom of OPMD (Becher et. al)
  - 93% of cases ptosis was noted before dysphagia
  - 43% at the same time
  - 14% dysphagia was noted before ptosis

# Symptoms of Ptosis in OPMD

- Trouble seeing especially superior visual field
- Neck pain from chin up position
- “Bedroom Eyes” - Looking or feeling tired or drunk



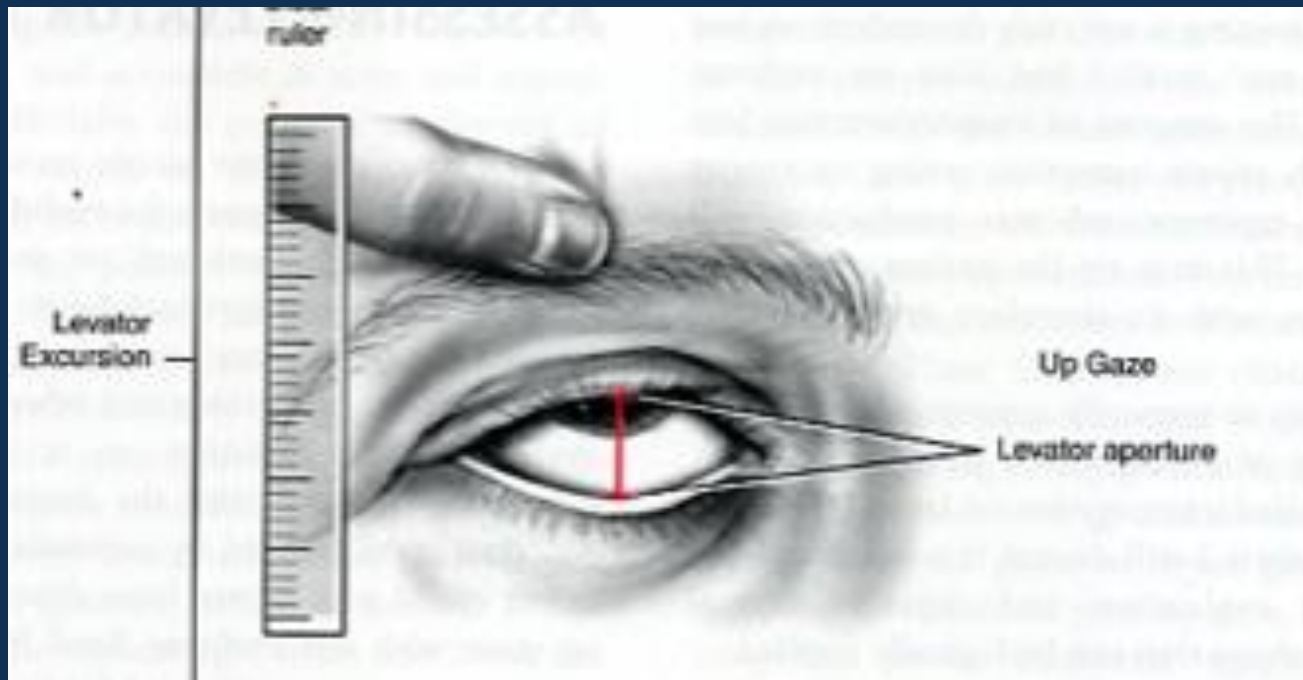
## Ptosis Measurements

Marginal reflex distance

Levator function

Interpalpebral distance

# Measurements – Levator Function





# Clinical Findings

## OPMD

- MRD – decreased
- IPD – decreased
- LF – decreased, variable

## Other

- MRD – decreased
- IPD – decreased
- LF - normal

# Impact of Ptosis in OPMD

- Trouble with driving, reading, watching television, working, and other activities of daily living
- Psychological impact/appearance
- Neck strain
- Gradually progresses and many patients require surgery

# Goals of Treatment

Improve visual function

Decrease neck strain

Lessen psychological impact

# Treatment Options

Blepharoplasty

Muller Muscle Resection

Levator Advancement

Frontalis Sling

# Question

- Does it matter whether you use a plastic surgeon or is an oculoplastic surgeon a preferred choice?

# Choosing a Surgeon

## Plastic Surgeon

- Two to three years of concentrated plastic surgery training
- Part of the 5 year general surgery residency
- May have additional or specialized training in eyelid surgery

## Oculoplastic Surgeon

- One to two year fellowship in plastic surgery surrounding the eye
- In addition to a three year residency in Ophthalmology
- May have more expertise in managing dry eye after surgery

# Blepharoplasty

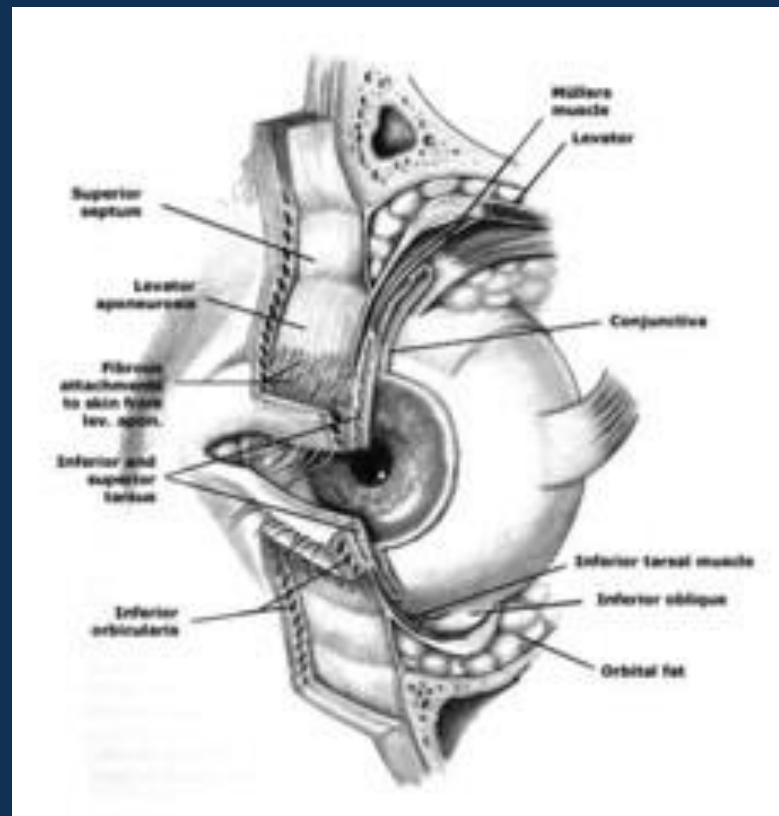
- Removal of excessive skin +/- fat and orbicularis muscle from the upper eyelids
- Does NOT address the weakness of the muscle in OPMD
- Can be used in conjunction with LA or FS



Image from [blog.abcmédicaltourism.com](http://blog.abcmédicaltourism.com)

# Muller Muscle Resection

- Usually reserved for mild ptosis with good levator function
- Muller's muscle is not affected in OPMD
- Can lift lid about 2mm





# Question

- My eye surgeon will not perform the Muller's treatment because she does not feel it is effective or wise living in an extremely dry climate. Is her conclusion valid?

# Answer

- Ptosis treatment is dependent upon the specifics of each individual case
- MMCR is not as effective as other OPMD treatments
- Any surgery is a risk for dry eye (esp in a dry climate)

# Levator Advancement

- Surgical shortening of the levator muscle and aponeurosis
- Can be useful early in disease when levator function is greater than 7-8mm.

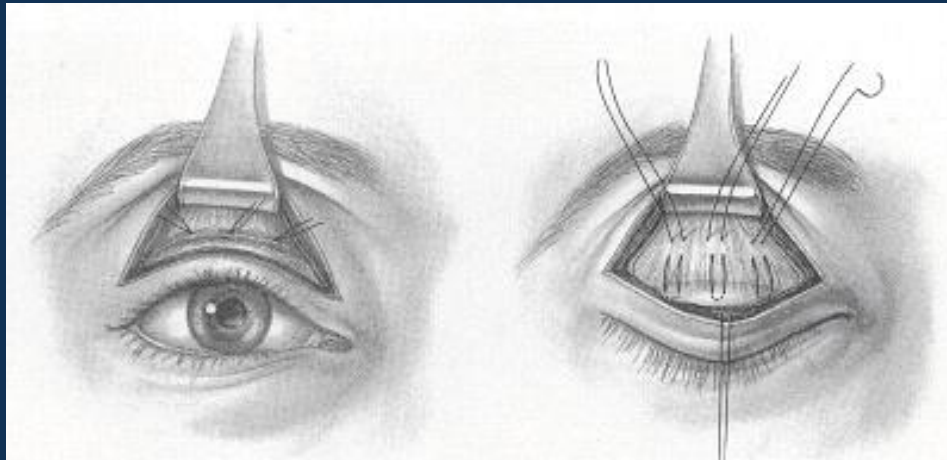


Image from [hanbit-eye.co.kr](http://hanbit-eye.co.kr)

# Question

- If you have had the levator procedure one time and need your lids lifted again, is the levator procedure a viable option the second time or is a Frontalis sling the best resort?

# Answer

- Likely if the levator advancement failed the first time, frontalis sling is a better option to address the underlying issue
- Each reoperation is more difficult due to scarring, increased bleeding, and loss of tissue

# Frontalis Sling

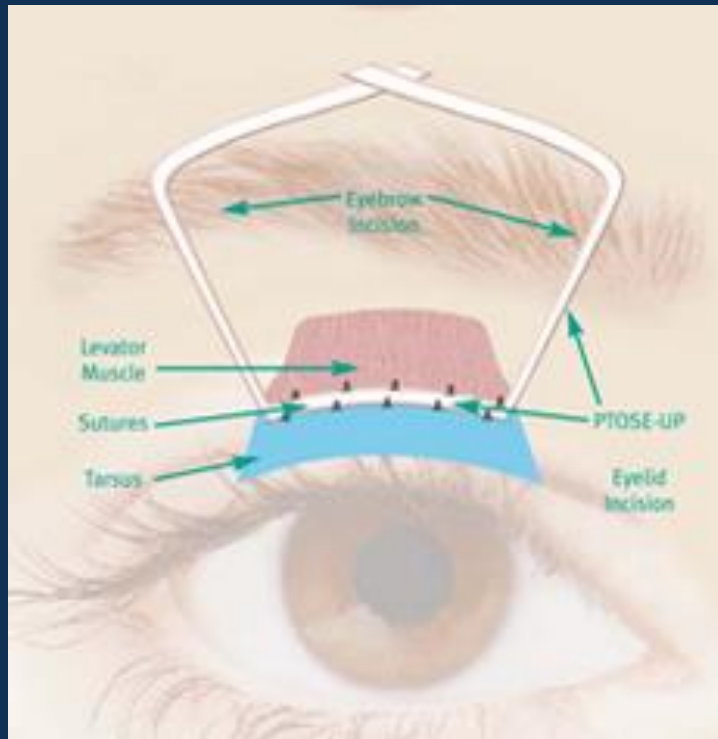


Image from FCI Ophthalmics

- A direct connection between the forehead muscle and the eyelid
- Bypasses the weak muscle affected by OPMD
- Most cases under local anesthesia

# Question

- Can your eyelids still continue to droop after having a sling put in if the muscles are extremely weak. Also, can this procedure cause any vision changes?

# Answer

- After frontalis slings, many patients need adjustments for correct eyelid height
- A weak levator muscle should not affect sling function, as the frontalis muscle is now acting to lift the eyelids
- Eyelid surgery rarely causes vision loss to retrobulbar hemorrhage
- Dry eye can cause vision changes



# Allen et al.

- Percentage of New Mexican patients with OPMD who needed more than one surgery to improve their eyelid function
  - 93.3% if initial surgery was blepharoplasty
  - 47.1% if initial surgery was levator advancement
  - 7.8% if frontalis sling was initial surgery

Conclusion: Frontalis sling is a GOOD option for the first (and possibly only) surgery in OPMD

# Surgical Outcomes – Frontalis Sling

● Before



● After

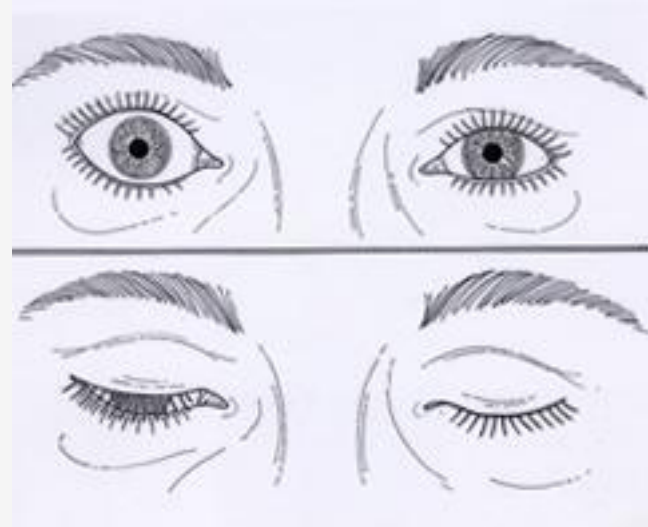


# Surgical Outcomes –Frontalis Sling One Week Post op (Dr. Joshi)



- Complications of Surgery

- Dry Eye/Exposure
- Corneal Infection
- Need for adjustment/more surgery
- Rare: retrobulbar hemorrhage



# Question

- If an eye is over-corrected and severe cornea issues result, what, if anything, can be done? Is [punctal]cauterization a safe solution since it is irreversible?

## Answer – Dry Eye Treatment

- Lubrication
  - Artificial tears up to every hour during the day
  - Ointment at night
- Massage
- Punctal plugs
- Adjustment of slings
- Punctal cautery
- Tarsorrhaphy



QUESTIONS?





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THANK YOU!!



# References

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