CONDITION

Entropion

Entropion is an inward turning of the eyelid that causes the eyelashes to rub against the eye

WHAT IT IS
Inward turning of an eyelid, usually the lower lid

BODY SYSTEM
Eyes and eyelids

MAIN SYMPTOMS
Eye irritation, redness, watering, light sensitivity

WHAT CAUSES IT
Age-related loosening, scarring, muscle spasm, or birth differences

HOW IT IS DIAGNOSED
Eye examination and eyelid position testing

MAIN TREATMENT
Eyelid surgery, with temporary measures for symptom relief

CAN IT BE CURED?
Yes - surgery can correct eyelid position

IS IT AN EMERGENCY?
Sometimes - sudden vision loss or severe eye pain

LONG-TERM OUTLOOK
Usually good after correction, though entropion can return

Overview

Entropion is a condition in which the edge of an eyelid turns inward. It most often affects the lower eyelid. The eyelashes and eyelid skin may then rub against the clear front surface of the eye, called the cornea.

This rubbing can feel as though there is sand or grit in your eye. It may also cause watering, redness, pain, or sensitivity to light. Symptoms can be present all the time or appear mainly when you blink, squeeze your eyes shut, or look downward.

Entropion matters because continued rubbing can damage the cornea. Most cases do not begin as an emergency, but the condition should be assessed rather than ignored. Treatment can protect the eye and improve comfort.

Entropion is different from ectropion, in which the eyelid turns outward. It is also different from trichiasis, where individual eyelashes grow in the wrong direction even though the eyelid itself remains in a normal position.

Symptoms

Symptoms usually come from the eyelashes or eyelid skin rubbing against the eye. One or both eyes may be affected.

Common symptoms include:

You may feel as if something is trapped in your eye, even when nothing is there. Symptoms may improve when the eyelid is gently moved into its normal position, then return when it rolls inward again.

Some people develop irritation only from time to time at first. Over time, the eyelid may remain turned inward for longer periods. Pain, marked light sensitivity, or reduced vision can suggest damage to the cornea and needs prompt assessment.

Babies born with an inward-turning eyelid may have watering, redness, or eyelashes touching the eye. A similar-looking childhood condition called epiblepharon involves an extra fold of skin pushing the eyelashes inward. An eye examination can tell these conditions apart.

- A gritty, scratchy, or burning feeling
- Redness and irritation
- Excess tears or watering
- Sensitivity to bright light
- Mucus around the eyelid
- Eye pain or tenderness
- Blurred vision, especially if the cornea is affected

Causes and risk factors

The most common form is age-related, also called involutional entropion. With age, the tissues supporting the eyelid may stretch or weaken. The muscles that close the eyelids can also shift. Together, these changes allow the eyelid edge to roll inward.

Scarring inside the eyelid can pull it toward the eye. This is called cicatricial entropion. Possible causes include previous injury, chemical or heat burns, surgery, severe infection, and

inflammatory conditions that affect the lining of the eye. Trachoma, an infectious cause of eye scarring, remains important in some parts of the world.

Eye irritation or inflammation can trigger eyelid muscle spasms. These spasms may turn an already loose eyelid inward. This is known as spastic entropion and can develop after eye surgery or during a period of significant irritation.

Rarely, entropion is present from birth because the eyelid formed differently. Congenital entropion should be distinguished from other causes of inward-pointing eyelashes in children.

Factors linked with a greater chance of entropion include older age, previous eyelid injury or surgery, and conditions that cause scarring inside the eyelid. Having one risk factor does not mean that you will develop it.

Diagnosis

Entropion is usually diagnosed during an eye and eyelid examination. No blood test or scan is normally needed.

A healthcare professional will look at the position of your eyelid, the direction of your eyelashes, and how the lid moves when you blink or close your eyes. They may gently pull the lower eyelid away from the eye to assess how loose it is and how quickly it returns to position.

The cornea is checked for scratches, ulcers, infection, or scarring. Fluorescein, a harmless orange dye, may be placed on the eye. Under a blue light, areas of damage on the cornea take up the dye and become easier to see.

The examination may also look for scar tissue, inflammation, previous injury, or another condition affecting the eyelid. Identifying the cause helps guide the choice of treatment.

Treatment and management

Treatment aims to stop the eyelid and eyelashes from rubbing against the eye. The best approach is influenced by the cause, the degree of irritation, and whether the cornea has been damaged.

Lubricating eye drops or ointments can reduce friction and protect the eye's surface. They may improve comfort, but they do not correct the eyelid position. If the cornea is injured or infected, additional treatment may be needed.

Temporary ways to hold the eyelid outward may be used while you wait for a longer-term procedure or when surgery cannot be done immediately. These include specially placed skin

tape or stitches that turn the eyelid outward. A trained professional can show you how tape should be positioned without pressing on the eye.

Botulinum toxin injections can relax the muscles that pull the eyelid inward. The effect is temporary, so the eyelid may turn inward again as the injection wears off.

Surgery is usually the most effective long-term treatment. It is often performed using local anaesthetic, which numbs the eyelid while you remain awake. The procedure may tighten loose eyelid tissues, reposition muscles, or remove and repair scarred tissue. The exact operation is matched to the cause.

After surgery, temporary swelling, bruising, tightness, or mild discomfort around the eyelid is common. Follow-up checks allow the eyelid position and cornea to be assessed. As with any operation, problems such as bleeding, infection, overcorrection, undercorrection, or recurrence can occur, although many people obtain lasting relief.

Pulling out eyelashes may briefly reduce rubbing, but the eyelashes usually grow back. It does not correct the inward-turning eyelid and is not a lasting treatment.

Complications

Repeated rubbing can scrape the cornea, causing a corneal abrasion. If damage continues, a corneal ulcer may develop. This is an open sore on the eye's surface and may become infected.

Deeper or repeated injury can leave a scar on the cornea. Because the cornea helps focus light, central scarring can reduce vision. Serious vision loss is not the usual outcome when entropion is identified and treated, but it is a reason not to leave persistent symptoms unassessed.

Entropion can also cause ongoing watering, disturbed sleep, light sensitivity, and difficulty reading, driving, or using screens. These effects may be significant even when the cornea has not been permanently harmed.

Prevention

Age-related entropion and entropion present from birth cannot usually be prevented. Normal changes in eyelid support develop gradually and are not caused by something you did.

Some causes of eyelid scarring may be avoidable. Using suitable eye protection around chemicals, hot materials, flying debris, and high-risk machinery can reduce the chance of a serious eye injury. Chemical splashes still require immediate rinsing and emergency assessment.

Prompt care for significant eye inflammation, infection, or injury may limit damage, although it cannot always prevent scarring. Do not rub an irritated eye or repeatedly pull at the eyelid, as this may worsen discomfort without correcting the cause.

Living with it and what to expect

Without correction, age-related entropion often continues or gradually becomes more constant. Lubricants and other temporary measures may control symptoms for a while, but they do not restore the eyelid's supporting tissues.

After successful surgery, the eyelid usually sits against the eye without the eyelashes rubbing the cornea. Comfort often improves as surface irritation heals. Existing corneal scarring may not disappear, so the effect on vision will depend partly on whether damage occurred before treatment.

Entropion can return months or years after a procedure, particularly as eyelid tissues continue to change with age or when scarring remains active. A further assessment or another procedure may then be needed.

Routine follow-up is used to check eyelid position, healing, and the eye's surface. Between appointments, seek advice if rubbing, redness, watering, or irritation returns. Most people can continue their usual activities once symptoms are controlled, although short-term limits may be advised after a procedure.

When to get medical help

Arrange a routine eye assessment if your eyelid appears to turn inward, your eyelashes repeatedly touch your eye, or you have ongoing watering or a gritty feeling. Assessment is also appropriate when symptoms keep returning after temporary relief.

Request prompt medical advice if pain, redness, light sensitivity, discharge, or blurred vision develops. These symptoms can occur when the cornea has been scratched or inflamed and should not wait for a distant routine appointment.

Seek urgent or emergency eye care for:

If a chemical enters the eye, start rinsing it immediately with plenty of clean, lukewarm water and continue while emergency help is arranged. Do not delay rinsing to search for a particular solution.

- Sudden loss or major reduction of vision

- Severe or rapidly worsening eye pain
- A chemical splash or penetrating eye injury
- A cloudy or white area appearing on the cornea
- Severe redness with marked light sensitivity or inability to open the eye

Common questions

Can entropion go away by itself?

Age-related entropion does not usually correct itself because the tissues supporting the eyelid have become loose or displaced. Muscle spasm may settle when irritation improves, but underlying eyelid looseness can remain. A professional examination can clarify the cause.

Can eye drops fix entropion?

Lubricating drops or ointments can reduce rubbing and protect the eye's surface. They do not reposition the eyelid, so symptoms often return when they are stopped. They are commonly used for temporary relief or alongside treatment.

Do I need surgery for entropion?

Not everyone has surgery immediately. Temporary stitches, tape, lubrication, or botulinum toxin may be considered in some circumstances. Surgery is generally the main long-term way to restore the eyelid position when entropion persists.

Is entropion surgery painful?

The eyelid is usually numbed with local anaesthetic during the procedure. You may notice movement or pressure rather than sharp pain. Mild soreness, swelling, and bruising can occur afterward. The surgical team should explain expected recovery and how discomfort is managed.

Can entropion cause blindness?

Severe, untreated corneal damage can threaten vision, but this is not the usual outcome when the condition is assessed and treated. New blurred vision, severe pain, or marked light sensitivity needs prompt eye care because these symptoms may signal corneal injury.

What is the difference between entropion and an ingrown eyelash?

With entropion, the eyelid edge itself turns inward, bringing several eyelashes or the eyelid skin against the eye. With trichiasis, individual eyelashes point toward the eye while the eyelid position may remain normal. Treatments differ, so an eye examination is useful.

Sources

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- National Library of Medicine, StatPearls: Entropion