CONDITION

Ptosis - infants and children

Ptosis is a drooping upper eyelid that may affect a child's vision and eye development.

WHAT IT IS
Upper eyelid drooping in one or both eyes

BODY SYSTEM
Eyes and eyelid muscles

MAIN SYMPTOMS
Drooping lid, blocked vision, chin lifting, uneven eyes

WHAT CAUSES IT
Usually underdeveloped eyelid muscle; sometimes nerve or muscle conditions

HOW IT IS DIAGNOSED
Eye examination, vision testing, and eyelid measurements

MAIN TREATMENT
Vision protection, monitoring, and eyelid surgery when needed

CAN IT BE CURED?
Sometimes - surgery can improve eyelid position

IS IT AN EMERGENCY?
Sometimes - sudden drooping or new nerve symptoms

LONG-TERM OUTLOOK
Most children do well with monitoring and appropriate treatment

Overview

Ptosis means that an upper eyelid sits lower than expected. It can affect one eye or both eyes. The drooping may be slight, or the eyelid may partly or fully cover the pupil, the dark opening in the centre of the eye.

In many children, ptosis is present at birth or becomes noticeable during the first year of life. This is called congenital ptosis. It usually happens because the muscle that lifts the eyelid, called the levator muscle, did not develop normally.

Ptosis matters because clear, balanced vision is still developing during childhood. If an eyelid blocks sight, changes the shape of the eye, or causes one eye to be used less than the other, the child may develop amblyopia. This is reduced vision in an eye because the brain did not receive a clear image during early development. It is sometimes called "lazy eye."

Mild ptosis may not interfere with vision and may only need monitoring. More pronounced ptosis can require treatment to protect sight, improve head posture, or raise the eyelid.

Symptoms

The main sign is an upper eyelid that appears lower than the other eyelid or lower than expected. When both eyes are affected, the difference may be less obvious.

Other signs can include:

In congenital ptosis, the eyelid may not move normally when the child looks up or down. The affected eyelid can also sit slightly open during sleep because the lifting muscle does not relax and stretch normally.

Babies cannot describe blurred vision. Signs of a vision problem may include not following faces or objects, favouring one eye, resisting when the stronger eye is covered, or regularly adopting an unusual head position.

Ptosis that appears suddenly is different from the common congenital form. It may occur with double vision, unequal pupils, weakness, difficulty swallowing, or other symptoms that need prompt assessment.

- An eyelid covering part of the pupil
- Eyes that look uneven, especially when the child is tired
- Raising the eyebrows to help lift the eyelids
- Tilting the head back or lifting the chin to see underneath the lid
- Reduced vision in one eye
- Eyes that do not point in the same direction
- A smaller-looking eye opening on the affected side

Causes and risk factors

Most childhood ptosis is congenital. The levator muscle contains fewer normal muscle fibres and more stiff or fatty tissue than usual. The reason this happens is often unknown. Most cases are not caused by anything that happened during pregnancy.

Congenital ptosis is usually an isolated condition, meaning the child has no other related illness. It can occasionally run in families or be part of a genetic condition.

Less commonly, ptosis is connected with differences in the nerves or eye muscles. Examples

include:

Some children have jaw-winking ptosis. In this condition, the drooping eyelid moves upward when the child chews, sucks, or moves the jaw to one side. It results from an unusual nerve connection that formed before birth.

Acquired ptosis develops after a period when the eyelid position was normal. Possible causes include trauma, surgery, inflammation, nerve problems, muscle conditions, or a mass in or around the eyelid. A new drooping eyelid needs medical assessment rather than being assumed to be congenital.

- Problems affecting the nerve that controls eyelid lifting and eye movement
- Horner syndrome, which affects a nerve pathway to the eye and face
- Conditions that cause muscle weakness, such as myasthenia
- Abnormal development of several eye-movement nerves and muscles
- An eyelid lump, swelling, scar, or injury weighing the lid down

Diagnosis

Ptosis is diagnosed through an eye examination. An eye specialist will compare the eyelids, check how well they move, and measure how much of each pupil is covered. Photographs can help track changes over time.

The examination also checks:

Eye drops may be used to relax the eye's focusing system. This allows an accurate check for short-sightedness, long-sightedness, and astigmatism. Astigmatism means that the front of the eye has an uneven curve, causing blurred or distorted vision.

Most children with straightforward congenital ptosis do not need scans. Blood tests, genetic assessment, or imaging such as an MRI may be considered when ptosis appeared suddenly, follows an injury, changes during the day, or occurs with unusual pupil findings, restricted eye movement, weakness, or other neurological symptoms.

- Vision in each eye, using tests suited to the child's age
- Whether the eyes focus clearly
- Eye alignment and movement
- Pupil size and response to light
- Head position and eyebrow use

- The surface of the eye and the child's ability to close the eyelids
- Strength and movement of the eyelid-lifting muscle

Treatment and management

Treatment is based on whether the eyelid is affecting vision, eye development, head posture, comfort, or daily life. The amount of drooping alone does not determine the plan.

A child with mild ptosis and clear, equal vision may be monitored through regular eye examinations. Follow-up remains important because focusing problems or amblyopia can develop as the child grows.

Glasses may be used to correct long-sightedness, short-sightedness, or astigmatism. If amblyopia develops, treatment may include covering the stronger eye with a patch for set periods or using eye drops that temporarily blur it. This encourages the brain to use the weaker eye. The exact method and schedule should be set and monitored by an eye-care professional.

Surgery may be recommended if the eyelid blocks the pupil, threatens visual development, causes a persistent chin-up posture, or creates significant functional difficulties. Surgery may also be considered later for appearance and social wellbeing.

The operation depends mainly on how well the levator muscle works. A surgeon may shorten or reposition that muscle. If it is very weak, the eyelid may be connected to the forehead muscle using a sling. The child can then help raise the lid by lifting the eyebrow.

Surgery aims to improve eyelid height and function, but perfect matching is not always possible. The result can change as the face grows. Some children need another operation later.

After surgery, temporary swelling and bruising are expected. The eye may not close fully at first, so lubricating drops or ointment may be used to protect its surface. Follow-up checks assess healing, eyelid position, eye closure, and vision.

Complications

The main complication of childhood ptosis is amblyopia. It may develop because the eyelid blocks vision, because the two eyes focus differently, or because the eyes are not aligned. Early detection matters because amblyopia becomes harder to treat once visual development is complete.

A child who repeatedly lifts the chin may develop neck discomfort or have difficulty with activities that require looking straight ahead. Ptosis can also affect confidence, photographs,

school interactions, or how other people respond to the child.

Possible complications of surgery include an eyelid that remains too low or becomes too high, uneven eyelids, an unusual eyelid curve, infection, scarring, or recurrence. Incomplete eye closure can dry or damage the clear front surface of the eye, called the cornea. Surgeons balance eyelid height against the need to protect the eye.

Prevention

Congenital ptosis usually cannot be prevented. It develops before birth and is not generally linked to something a parent did or did not do.

Its effects on vision can often be reduced through early eye assessment and regular follow-up. Using prescribed glasses and following an amblyopia treatment plan can help protect visual development.

Eye injuries can sometimes cause acquired ptosis. Age-appropriate protective eyewear during higher-risk sports and activities can reduce the chance of some eye injuries, although it cannot prevent congenital ptosis or every acquired case.

Living with it and what to expect

Ptosis may remain fairly stable through childhood, but its appearance can change as the face grows. It may look more noticeable when a child is tired or looking upward. Congenital ptosis does not usually disappear on its own because the eyelid muscle remains underdeveloped.

Many children with mild ptosis have normal vision and take part in usual school, play, and sports activities. They may only need scheduled checks to make sure vision remains balanced.

When treatment is needed, protecting vision takes priority over making the eyelids look identical. Amblyopia treatment may continue for months or longer, with adjustments based on vision tests. It is important not to change or stop patching without guidance, because too much patching can affect the stronger eye.

Surgery often improves the eyelid position and head posture. Some asymmetry may remain, especially when looking down or when the child is tired. The operated eye may also stay slightly open during sleep. Further treatment may be needed if the lid drops again, vision changes, or eye closure causes dryness.

Routine follow-up may continue while vision is developing and after surgery. Keeping appointments is useful even when the eyelid looks unchanged, because children may not

notice or report reduced vision in one eye.

When to get medical help

Arrange a routine eye assessment if a baby or child has a drooping eyelid, even if it has been present since birth. An assessment can show whether the pupil is covered and whether vision, focusing, or eye alignment is affected.

Contact the child's eye-care team promptly if:

Seek urgent medical assessment for a new or suddenly drooping eyelid, particularly with double vision, an unequal or unusually enlarged pupil, restricted eye movement, or recent head or eye injury.

Call emergency services if sudden ptosis occurs with severe headache, facial drooping, weakness, confusion, difficulty speaking, trouble breathing, or difficulty swallowing. These symptoms may reflect a problem affecting the brain, nerves, or muscles and should not wait for a routine appointment.

- The eyelid is covering more of the pupil
- The child develops a new or increasing chin-up posture
- One eye turns inward, outward, upward, or downward
- The child seems to favour one eye or has trouble seeing
- Ptosis changes noticeably during the day
- The eye becomes persistently red, painful, or sensitive to light
- The eye does not close properly, especially after surgery

Common questions

Will my child grow out of ptosis?

Congenital ptosis does not usually disappear with growth because the eyelid-lifting muscle remains underdeveloped. Mild cases may become less noticeable as facial features change, but vision still needs monitoring.

Does every child with ptosis need surgery?

No. Mild ptosis that does not block vision, cause amblyopia, or force an unusual head position may only need regular checks. Surgery is more likely when sight or everyday function is affected.

When is ptosis surgery done in children?

There is no single age for every child. Surgery may be done early when the pupil is blocked or visual development is at risk. If vision is developing normally, surgery may be planned later when eyelid measurements and examination are easier.

Can ptosis cause a lazy eye?

Yes. Ptosis can contribute to amblyopia if the eyelid blocks the visual axis or if the affected eye has astigmatism or another focusing problem. Amblyopia is a problem with visual development, not simply a visibly wandering eye.

Will the eyelids look exactly the same after surgery?

Not always. Surgery usually aims for a useful, balanced eyelid position, but some difference may remain. Symmetry can change with gaze direction, tiredness, healing, and growth.

Is ptosis painful?

Congenital ptosis itself is usually not painful. New pain, redness, swelling, light sensitivity, headache, or a sudden change in eyelid position should be assessed because it may have another cause.

Sources

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