

Spontaneous globe luxation and floppy eyelid syndrome

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Speakers have no conflict of interest

Purpose: To present a case of floppy eyelid syndrome in a 64 year old male patient

Methods: Case report presentation

Results: Visual acuity was 10/10 cc in both eyes The ductions were normal. Orbital echographic scan revealed normal extraocular muscles. A computed tomographic scan of the orbits showed shallow orbital socket

Conclusion: The etiology of spontaneous globe luxation is likely to be contingent on both shallow orbits and lax eyelids

A 64-year-old Caucasian man with liver cirrhosis complained of eyes spontaneously 'popping out' several times during his hospitalization in the internal medicine wing. Ophthalmology evaluation was performed under request.

Visual acuity was 10/10 cc in both eyes. The ductions were normal in all directions. Slit lamp examination revealed icter and a chronic papillary conjunctivitis. The cornea showed diffuse punctuate keratitis. The anterior chamber was quiet. Fundoscopic examination was normal.

Orbital echographic scan revealed normal extraocular muscles. A computed tomographic scan of the orbits showed shallow orbital socket
Both eyes also luxated when the eyelids were spread manually.



We believe that the spontaneous globe luxation in this patient was caused by the combined mechanism of shallow orbital sockets, an anteriorly situated globe and floppy eyelids that migrate behind the globe when this phenomenon occurs. Patient did not receive any treatment except lubricants due to severe health problems from hepatic cirrhosis