Scientific Research Publishing

Open Journal of Ophthalmology, 2026, 16(4), 467-473
https://www.scirp.org/journal/ojoph
ISSN Online: 2165-7416
ISSN Print: 2165-7408

Congenital Upper Eyelid Eversion: About 3 Cases

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How to cite this paper: Ka, A.M., Aw, A., Diagne, J.P., Sy, E.M., Ba, A., Senghor, O.N., Gaye, S.S., Ndiaye, L., Ndiaye, M., Mbaye, S., Seyid, E.A., Diouf, M. and Ndiaye, A. (2026) Congenital Upper Eyelid Eversion: About 3 Cases. *Open Journal of Ophthalmology*, **16**, 467-473.
https://doi.org/10.4236/ojoph.2026.164037

Received: August 24, 2026
Accepted: November 13, 2026
Published: November 16, 2026

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Abstract

Introduction: Congenital upper eyelid eversion is defined as a condition in which eyelid is completely turned out, usually associated with swelling and palpebral conjunctival prolapse. It's most often observed at birth. The natural evolution can sometimes be marked by the occurrence of complications involving the functional prognosis. The treatment is conservative in first intention. Through these three cases, we report our experience in managing this condition. **Observations:** These were three newborns (4 eyes affected, including 1 bilateral case and 2 unilateral cases) including two boys and one girl. Our patients had an average age of 33 hours and had no medical history (pre, per and post-natal). They were all born to primiparous mothers, and their delivery was normal with uncomplicated childbirth outcomes. At the ophthalmological examination, we noted a unilateral eyelid eversion in two cases and a significant conjunctival edema with a positive transillumination in all the eyes concerned. Moreover, the eyeballs were normal without any other lesions. In front of these tables of congenital eyelid eversion, a medical treatment based on ocular wash with antiseptic solution, local application of antibiotic-corticoid ointment, dressing with gauze pads soaked in a 5% hypertonic saline solution, was administered, with a complete resolution on average after 11 days in all our patients. No complications were noted after a 6 months follow-up period. **Conclusion:** Congenital eyelid eversion is a rare and usually benign pathology. It is very common in melanoderm with a clear male predominance. The treatment aims to protect the exposed conjunctiva from infectious and anatomical complications. Its management is primarily non-invasive, and recovery is often complete without sequelae.

Keywords

Eversion, Congenital, Treatment, Preservative, Complications

1. Introduction

Described for the first time in 1896 by Adams [1], congenital upper eyelid eversion is defined as a condition in which eyelid is completely turned out, usually associated with swelling and palpebral conjunctival prolapse [2]-[4].

It is a rare condition, which can be isolated or integrated as part of a malformative syndrome. Its diagnosis is essentially clinical and its exact etiopathogenic mechanism remains poorly known [2]-[4].

First-line management remains medical and non-invasive, although surgery is a therapeutic alternative for complicated cases [1].

The purpose of our work is to share our experience in the management of this condition through three case observations collected in our structure.

2. Observations

2.1. Case 1

It was a newborn at 3rd hour of life, female, received on March 23, 2021. She was referred from the maternity ward for the management of a bilateral eyelid swelling observed at birth.

In his background, there was a notion of second-degree parental inbreeding.

This was the first pregnancy of the 30-year-old mother and successfully completed without any notion of suspected rupture of the membranes. The delivery was normal, vaginal and simple.

Apgar's score was 10/10 in the 1st and 5th minute.

At the ophthalmological examination of the newborn, we noted upper eyelids eversion. There was also swelling of the palpebral conjunctiva and chemosis (**Figure 1(a)**). After instillation of a local anesthetic eye drops and placement of a blepharstat on objectivated a normal morphology of the eyeballs.

The rest of the clinical examination performed by the pediatrician revealed no other apparent abnormalities. He was hemodynamically stable. The diagnosis retained was that of isolated bilateral congenital upper eyelids eversion.

We carried out an ocular wash with antiseptic solution (Boric acid 18 mg/mL + Sodium borate 12 mg/mL) 2 times daily, local application of antibiotic-corticoid ointment (Tobramycin 3 mg/g associated with Dexamethasone 1 mg/g) every 12 hours and apply a dressing on the eyelid and the prolapsed and edematous conjunctiva using compresses soaked in 5% hypertonic saline solution, twice a day.

On the 7th day, the examination revealed a significant chemosis reduction and a complete restitution of the eyelids (**Figure 1(b)**).

2.2. Case 2

It was a male newborn at 2nd day of life, received on November 16, 2021. He was referred by a suburban health center for the management of a reversal and swelling of the upper left eyelid. The mother was primigravida and primiparous. The well-attended pregnancy was without incident with normal delivery by vaginal route. There was no other specific medical history.



(a) (b)

Figure 1. Case 3 before and after treatment. (a) Eversion of the upper eyelids and chemosis. (b) Complete resolution after treatment.

The ophthalmological examination found a total eversion of the upper left eyelid, a swelling of the palpebral conjunctiva with a positive transillumination evoking chelmosis (**Figure 2(a)**). After instillation of a local anesthetic eye drops and installation of a blepharstat, a normal morphology of the eyeballs was observed. The pediatric examination was also normal.

These signs allowed us to retain the diagnosis of congenital eversion of the upper left eyelid.

A treatment based on ocular wash with antiseptic solution (Boric acid 18 mg/mL + Sodium borate 12 mg/mL) 2 times daily, local application of antibiotic-corticoid ointment (Tobramycin 3 mg/g associated with Dexamethasone 1 mg/g) every 12 hours and apply twice a day a dressing on the eyelid and the prolapsed and edematous conjunctiva using compresses soaked in 5% hypertonic saline solution, was started with a clinical improvement at day 7 and an ad-integralium restitution of the eyelid (**Figure 2(b)**) on day 20 without complications.



(a) (b)

Figure 2. Case 1 before and after treatment. (a) Eversion of the left upper eyelid and chemosis. (b) Complete resolution after treatment.

2.3. Case 3

It was a newborn male on the 2nd day of life, received on January 4, 2022. He was referred from the maternity ward for the management of a reversal and a palpebral swelling noted at birth. The 19-year-old mother was primiparous. Pregnancy was

well attended and normal delivery by vaginal way. There was no other specific medical history.

Ophthalmological examination showed a total eversion of the upper right eyelid with an important chemosis (Figure 3(a)).

After instillation of a local anesthetic eye drops and placement of a blepharostat, a normal morphology of the eyeballs was objectified.

The rest of the clinical examination performed by the pediatrician revealed no other apparent abnormalities. The diagnosis of congenital eversion of the upper right eyelid was retained.

A local treatment based on ocular wash with antiseptic solution (Boric acid 18 mg/mL + Sodium borate 12 mg/mL) 2 times daily, local application of antibiotic-corticoid ointment (per 100 g of ointment: Framycetin sulfate 315,000 IU associated with Dexamethasone 0.1 g) every 12 hours and apply twice a day a dressing on the eyelid and the prolapsed and edematous conjunctiva using compresses soaked in 5% hypertonic saline solution, had allowed a clinical improvement at 8th day with complete restitution without complications (Figure 3(b)).

Table 1 summarizes the key data regarding the three cases.



(a) (b)

Figure 3. Case 2 before and after treatment. (a) Eversion of the right upper eyelid and chemosis. (b) Complete resolution after treatment.

Table 1. Summary table of the 3 clinical cases.

	Case 1	Case 2	Case 3
Age	Hour 3 of live	Day 2 of life	Day 2 of live
Sex	Female	Male	Male
Medical history	None	None	None
Delivery	Vaginal delibery	Vaginal delvery	Vaginal delibery
Gestation and Parity	Primiparous	Primiparous	Primiparous
Circumstances of diagnosis	Eyelid swelling	Eyelid inversion and swelling	Eyelid inversion and swelling
Clinical presentation	Bilateral eversion of the right upper eyelid with chemosis	Unilateral eversion of the left upper eyelid with chemosis	Unilateral eversion of the right upper eyelid with chemosis

Continued

Treatment	Twice a day: -Antiseptic solution -Tobramycin + Dexamethasone ointment -Dressing with gauze pads soaked in a 5% hypertonic saline solution	Twice a day: -Antiseptic solution -Tobramycin + Dexamethasone ointment -Dressing with gauze pads soaked in a 5% hypertonic saline solution	Twice a day: -Antiseptic solution -Framycetin + Dexamethasone ointment -Dressing with gauze pads soaked in a 5% hypertonic saline solution
Progress	Full recovery after 7 days	Full recovery after 20 days	Full recovery after 8 days
Follow-up period	6 months	6 months	6 months

3. Discussion

Congenital upper eyelid eversion is a rare pathology of unknown incidence [2]-[4]. Like Monebenimp [5] in Cameroon, Sissokho [6] in Mali and Nameywa [7] in Guinea, these are the first cases observed in our structure.

Some late cases of congenital upper eyelid eversion have been described but in general it is a condition present from birth as we found with our patients who had all been referred from the maternity hospital for better management [4] [8].

Congenital eversion of the upper eyelid is not uncommon in black subjects; however, there is no scientific evidence supporting a racial predisposition [4] [6]. Nevertheless, males appear to be most affected, according to several authors [9] [10].

Trisomy 21 and cutaneous lamellar ichthyosis are, they considered as pathologies frequently associated with congenital eversion. The general hypotonia encountered during trisomy and the abnormal shortening of the anterior lamella of the eyelid associated with excessive dryness of the skin and subsequent contractures of the eyelids during ichthyosis, are elements that promote syndromic association [4] [11].

Multiparity and dystocic delivery are considered risk factors for congenital eversion [2]. However, recent studies have refuted this hypothesis by relying on cases of eyelid eversion encountered in primiparous children as in our series but also in children born by cesarean section [2] [8] [12].

Congenital upper eyelid eversion is a condition most often unilateral [2] [3] [8] [13]. Its etiopathogeny is poorly known but the theory of spasm of the orbital muscle seems to be the most recognized [3]. These trends are no exception to the rule in our series since the impairment was unilateral in two cases and in our patients no etiology was found.

The differential diagnosis of congenital upper eyelid eversion arises with congenital palpebral ectropion.

It is a toggle outside the free edge of the eyelid present from birth most often touching the lower eyelid. It can be isolated primitive or integrate into a more complex malformation syndrome such as blepharomyelitis syndrome.

The clinic is similar to that of palpebral eversion however there is no chemosis. It usually persists in the absence of surgery with frequent corneal involvement [3].

Unlike congenital palpebral ectropion where surgery is indicated from the outset, conservative treatment should be preferred in congenital eversion of the eyelid.

These conservative measures are essentially based on the regular instillation of saline, the local application of antibiotic ointment, wet dressing or soaked in 5% hypertonic salt solution and reduction maneuvers with placement of hypoallergenic adhesive strips. The aim is to prevent secondary infection, reduce chemosis by osmosis effect and avoid keratinization of the conjunctiva [12] [14].

Surgical management should only be indicated in cases where the damage is refractory to non-invasive treatment. Indeed, Watts argues that iterative eyelid manipulation can lead to autonomous effects such as respiratory arrest in newborns [15]. This strongly argues in favor of conservative first-line management before congenital eyelid eversion.

For our patients, the evolution was favorable and marked by an ad-integrum restitution of the eyelid anatomy without any complications noted after six months of follow-up. Al-Hussain explains that rapid conservative management would avoid complications such as secondary infections or keratinization of the conjunctiva [13].

According to Monebenimp [5], conjunctival chemosis would indeed be beneficial in this damage because it generally protects the cornea from exposure and thus preserves it from direct complications.

To date, only one case of corneal perforation due to congenital eyelid eversion has been reported due to the failure of conservative measures and chronicity of the clinical picture (7 months) [13].

4. Conclusions

Congenital upper eyelid eversion is a rare and resolutive pathology, whose incidence is greater in the male subject, black race and during certain anomalies such as trisomy 21 and ichthyosis.

The support must be fast and conservative in first intention because it is resolving. This treatment aims to protect the conjunctiva exposed but also the cornea to infectious and anatomical complications. The evolution is spontaneously favorable and without sequelae in the majority of cases. Nevertheless, in severe forms, it can be marked by the appearance of complications that can involve the functional prognosis.

Ethical Approval and Patient Consent

Approval from our hospital's ethics committee is not required for cases report. Furthermore, the authors certify that they have obtained informed consent from all patients' parents for the use of clinical data and images for scientific publication.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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