

IMAGE OF THE MOMENT

Pseudo

Figure 1 Normal Resting Appearance. Organic unilateral ptosis is usually accompanied by compensatory frontalis overactivity, not underactivity as here. Photograph used with permission of patient.



This 52-year-old man slipped on a wet floor at work and was briefly 'knocked out', sustaining a bruise to his left temple. Over the next week or so he was off work with headaches and dizziness. When he returned to his desk he found that the light from his computer screen was hurting his left eye. He was referred because of 'ptosis' and photophobia. In fact, he had normal levator function of his eyelid, the appearance being entirely due to apparent weakness of left frontalis and contraction of orbicularis (see Fig. 1). The rest of his neurological and ocular examination was normal. With encouragement he was able to activate his left frontalis transiently, but normally. With his eyes shut he was comfortably able to maintain bilateral frontalis elevation (see Figs 2 and 3), indicating that photophobia was playing a significant role in the appearance. Investigations including MRI brain, facial nerve conduction studies and antiacetylcholine receptor antibodies were normal.

He was managed successfully by recognizing his primary symptom as photophobia and by positively diagnosing his 'ptosis' as a functional

problem. Gradual exposure to increasing degrees of light (and eventual disposal of sunglasses), forehead exercises ('close eyes and raise eyebrows' repeatedly), treatment of depressive symptoms and tackling work issues have led to gradual improvement. He is now returning to employment having been off work for three years.

Pseudo-ptosis or functional ptosis is occasionally encountered in neurological practice, either in combination with other functional neurological symptoms (Hop *et al.* 1997) or, as in this case, with photophobia. The trigger for this particular patient was a relatively minor injury to the relevant body part, a common precipitant for functional limb weakness as well.

At the turn of the 19th century there was considerable debate about whether functional weakness could develop in the face. Charcot, amongst others, pointed out that functional limb weakness is usually accompanied by 'the absence of any participation of the face' and does not seem to have reported a case (Charcot 1889). Janet, however, wrote that he had seen 'many cases of hysterical facial paralysis' that

-ptosis

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Figure 2 ‘Shut your eyes and raise your eyebrows’ The patient could maintain this appearance comfortably. Photograph used with permission of patient.



Figure 3 ‘Open your eyes and raise your eyebrows’ The patient was only able to maintain this appearance with effort for about 5 s before complaining of intolerable left-sided photophobia. There was no eyelid weakness. Photograph used with permission of patient.

were ‘typical’ (Janet 1907). Given the rarity of pseudo-ptosis, it’s always worth considering whether an underlying or coexistent problem such as blepharospasm or myasthenia gravis is present.

Organic unilateral ptosis is usually associated with frontalis overactivity, whereas in pseudo-ptosis a *persistently* depressed eyebrow with a variable inability to elevate frontalis, and overactivity of orbicularis is characteristic.

REFERENCES

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