Unilateral Congenital Eyelid Eversion - A Case Report

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DOI: https://doi.org/10.51244/IJRSI.2026.1306000519

Received: 03 July 2026; Accepted: 08 July 2026; Published: 21 July 2026

ABSTRACT

Introduction: Congenital Eyelid eversion is an uncommon ocular disorder that usually presents at birth with everted eyelids and prolapsed conjunctiva. Management is usually conservative though recalcitrant cases can be managed surgically.

Case Report: 6 hour old female neonate with congenital eversion of the left upper eyelid following an uneventful delivery. No other ocular or systemic anomalies were noted. Baby was treated conservatively with hypertonic saline soaked gauze and topical antibiotic ointment application. There was spontaneous resolution of the eversion after 1 week.

Conclusion: Unilateral congenital eyelid eversion is a rare condition that responds excellently to conservative management. Therefore early recognition and treatment would prevent complications and reduce the need for surgical intervention.

Keywords- Unilateral, Congenital, Eyelid, Eversion

INTRODUCTION

Eyelid eversion in the newborn is a rare condition in which the upper eyelid is completely turned out with prolapse of the conjunctiva and chemosis.(1) Most times, it is present at birth but some cases of late presentation have been reported.(2–4) It is typically bilateral but unilateral presentations do occur sometimes.(5) Usually, Eyelid eversion of the Newborn resolves completely with no ocular sequelae but it could pose a threat to visual maturation by causing stimulus deprivation amblyopia if not managed promptly and appropriately(5). It could also be complicated by dessication of the prolapsed conjunctiva and infection.

This condition is frequently benign but stirs up undue anxiety in the parent, caregivers and primary care physicians who may not have had exposure to this entity.(6)

The exact aetiology is unknown however local or systemic causes leading to anterior lamellar shortening or posterior lamellar elongation or prolapse can predispose to eversion of the eyelid(7) Congenital eyelid eversion may be associated with birth trauma, prolonged or difficult labor or in systemic anomalies like Downs syndrome.(8,9) Treatment may be conservative with antibiotics, hypertonic saline and pressure patching or surgically with temporary tarsorrhaphy.(10) The aim of this report is to increase the awareness of this condition among pediatricians and primary care physicians and to highlight the importance of early recognition and prompt conservative management in achieving favourable outcomes.

Case Report

A 6hour old female neonate delivered via spontaneous vaginal delivery to a 30-year-old woman after a full-term pregnancy. Pregnancy, labour and delivery were uneventful. Birth weight- 3.8kg, she was said to have cried immediately after birth. She is the last of 3 children in a monogamous setting, no history of congenital anomalies in her other siblings. Baby was noticed to have reddish fleshy swelling over the left eyelid shortly after birth. She was admitted into the Neonatal intensive care unit and was thoroughly evaluated by the Paediatricians.

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XIII Issue VI June 2026

On examination, she was a healthy baby in no obvious distress. The upper lid of the left eye was everted with marked conjunctival chemosis. The right eye was normal. Attempts at repositioning the everted lid were unsuccessful. Further examination of the eyeball on the left also failed due to the marked chemosis. Hypertonic saline soaked gauze with Tobramycin ointment was placed over the everted lid . Hypertonic saline was prepared by the bedside by adding table salt to normal saline till the saturation point was reached and the salt no longer dissolved. This dressing was changed 3 times daily. One week after commencement of treatment, chemosis had resolved, the lid was properly positioned and baby could spontaneously open the eye. Further examination of the left eye revealed normal sized globe, conjunctiva was quiet, cornea was clear and the pupil was briskly reactive to light.

Baby was discharged from the hospital to be followed up on an outpatient basis. At follow up, 2weeks after discharge the eyelid remained in the normal position and there was no ocular complication noted.

At presentation

3days on conservative management

After 1 week

DISCUSSION

Congenital lid eversion is an uncommon condition with unknown aetiology.it was first described by Adams in 1896. It more commonly presents bilaterally but some cases of unilateral presentation have been reported.(11,12) This is similar to the index case documented. Eyelid eversion in the Newborn has a higher prevalence in males and African populations though the index case was a female. (13). Most patients present soon after birth likely because of its rarity and it creates panic and undue anxiety to the parents and healthcare personnel. ml

The exact pathophysiology is unclear however some authors have implicated mode of delivery. Mechanical eversion and venous stasis during passage through the birth canal have been suggested as a cause.(8,14) This should however cause bilateral involvement as opposed to unilateral as seen in the index case. Some cases of congenital lid eversion have also been reported following caesarian delivery(13) Therefore, the role of mode of delivery is highly speculative .

Management of congenital lid eversion is mostly conservative though surgical management have been described for recalcitrant cases. Hypertonic saline soaked gauze is placed over the prolapsed conjunctiva. This helps to draw fluid out of the conjunctiva by osmosis due to the hypertonicity of the gauze. This has proven to be effective as reported in several studies and our patient responded favourably. This hypertonic saline can be easily prepared by the bedside of the patient using table salt and adding it to normal saline until it no longer dissolves. This method of treatment is easy, affordable and cost effective. It also does not require high level skill or technical know-how. Therefore, healthcare professionals that come in contact with newborns such as Obstetricians, neonatologists and primary care physicians should be aware of this condition and management .

Surgical management involves temporary tarsorhapy or the use of compression eyelid sutures.(15) This is usually reserved for cases that do not respond to conservative therapy.

CONCLUSION

Unilateral Congenital eyelid eversion is a rare condition that maybe encountered in neonatal and ophthalmic practice. Early recognition and conservative management with hypertonic saline is highly effective and reduces the need for unnecessary surgical intervention. Therefore, all healthcare personnel involved in the management and care of newborns should be aware of the condition as well as the appropriate management.

Ethical Consideration

This case report was made in accordance with the tenets of the Helsinki declaration.

Consent

Informed Consent was obtained from the parents of the patient before photographs were taken. The purpose and the benefits of the report were duely explained to the parents before consent were obtained.

Financial support- None

Conflict of interest- None to disclose

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