

# Blepharochalasis

## Blefarocalásia



Álvaro MACHADO<sup>1</sup>, Susana MACHADO<sup>1,2</sup>, Manuela SELORES<sup>1,2,3</sup>  
 Acta Med Port 2019 Jun;32(6):471–471 ▪ <https://doi.org/10.20344/amp.11246>

**Keywords:** Eyelid Diseases; Eyelids

**Palavras-chave:** Doenças das Pálpebras; Pálpebras



**Figure 1** – Bilateral eyelid cutaneous laxity and atrophy and pseudoepicanthic fold. The patient is looking forward.



**Figure 2** – Prominent right epicanthic fold. Note the junction of the upper eyelid under lower eyelid without a clear delimitation of the lateral canthus of the eye.

A 26-year-old male presented with a history of bilateral eyelid skin colour and consistency changes, with progressive eye opening difficulty. At age 9, the patient experienced the first symptoms — bilateral eyelid swelling and erythema — with slow and progressive skin modifications over the years. Physical examination revealed bilateral ptosis, cutaneous laxity and atrophy with prominent epicanthic folds (Figs. 1 and 2).

A skin biopsy was performed, showing unspecific

findings and a decrease in elastic fibers, thus supporting the clinical diagnosis of blepharochalasis. The patient was then referred to ophthalmology to undergo blepharoplasty.

Blepharochalasis is a rare disorder characterized by recurrent painless eyelid swelling followed by skin atrophy and laxity,<sup>1</sup> and its etiology remains unknown, although an immune pathogenesis was suggested.<sup>2</sup> The definitive treatment is blepharoplasty in the quiescent stage of the disease.<sup>3,4</sup>

### PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association.

### DATA CONFIDENTIALITY

The authors declare having followed the protocols in use at their working center regarding patients' data publication.

### PATIENT CONSENT

Obtained.

### CONFLICTS OF INTEREST

All authors report no conflict of interest.

### FUNDING SOURCES

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

### REFERENCES

1. Bergin DJ, McCord CD, Berger T, Friedberg H, Waterhouse W. Blepharochalasis. *Br J Ophthalmol*. 1988;72:863–7.
2. Dózsa A, Károlyi ZS, Degrell P. Bilateral blepharochalasis. *J Eur Acad Dermatol Venereol*. 2005;19:725–8.
3. Paul M, Geller L, Nowak-Węgrzyn A. Blepharochalasis: a rare cause of eye swelling. *Ann Allergy, Asthma Immunol*. 2017;119:402–7.
4. Razmi TM, Takkar A, Chatterjee D, De D. Blepharochalasis: 'drooping eyelids that raised our eyebrows'. *Postgrad Med J*. 2018;94:666–7.

1. Department of Dermatology, Centro Hospitalar do Porto. Porto. Portugal.

2. Dermatology Research Unit, Centro Hospitalar do Porto. Porto. Portugal.

3. Instituto de Ciências Biomédicas Abel Salazar. University of Porto. Porto. Portugal.

✉ Autor correspondente: Álvaro Machado. [alvarocsmachado@gmail.com](mailto:alvarocsmachado@gmail.com)

Recebido: 10 de setembro de 2018 – Aceite: 07 de novembro de 2018 | Copyright © Ordem dos Médicos 2019

