COMMENT: LEPROSY DEFORMITIES: EXPERIENCE IN MOLAI, NIGERIA

Sir,

I read with interest the paper by B B Iyere, 'Leprosy deformities: experience in Molai Leprosy Hospital, Maiduguri, Borno State, Nigeria', (*Lepr Rev*, 1990; **61**: 171–9).

Lagophthalmos was tested in this article by asking the patient to close his/her eyes as tightly as possible . . . if there was a lid gap, it was recorded as lagophthalmos. This procedure however will lead to an underestimation of lagophthalmos. 'Generally the delicate palpebral fibres fail before the stronger orbital ones, thus a patient may sleep with the cornea exposed, yet can close the lids by voluntary effort'.¹ 'In milder degrees the patient may be able to close the eyes by voluntary effort, while they may remain open in sleep, but in the more pronounced degrees even forcible squeezing becomes ineffective and the eyes remain permanently unclosed'.²

It is therefore recommended to test for lagophthalmos by asking the patient to close his/her eyes mildly, as in sleep and then to observe and measure the lid gap in millimetres.

Any gap of ≥ 1 mm is considered to be lagophthalmos. In the case of a gap in mild closure of ≥ 5 mm or if the lower part of the cornea is exposed during mild closure eyelid surgery is recommended for better closure and protection of the eye.

To test for lid weakness, if there is no gap on mild closure, the patient can be asked to close his/ her eyes as tightly as possible, while the examiner tries to pull the eyelids gently apart.

From the results mentioned in the article: eyelid weakness was found in 2.7% of the males and 17.6% of the females, whereas the lagophthalmos found is more or less alike, 2.2 and 3.1% respectively, one may wonder if the women for cultural or physical reasons may have given less resistance towards forced opening of the eyelids than the men. In my experience eyelid weakness and lagophthalmos occur alike in both sexes.

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References

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- ² Duke Elder. Deformations of the lids, lagophthalmos. In: *System of Ophthalmology*, Vol. XIII, The ocular Adnexa, part I, diseases of the eyelids; 586.