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## MARCUS GUNN JAW WINKING PTOSIS

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Dr Mohan Mahajan, Dr Anjali Nicholson, Dr. Arjun Ahuja, Dr. S. Motwane  
Dept. of Ophthalmology LTMGH Sion Mumbai.

**PURPOSE:** To report results of unilateral surgery as a treatment of Marcus Gunn jaw winking phenomenon

**METHODS:** Case reports

**RESULTS:** Reported here are two cases done at our institute. One patient had a fairly good result while the other had slight under correction of ptosis which required revision surgery.

**CONCLUSION:** Unilateral levator excision and frontalis suspension gives fairly good results in treatment of Marcus Gunn jaw winking ptosis.

### **INTRODUCTION:**

Marcus Gunn jaw winking ptosis is a type of congenital neurogenic ptosis. It constitutes about 4-6% of congenital ptosis. It is usually sporadic but rarely may occur as familial cases. It is almost always unilateral and presents on left side.

Marcus Gunn jaw winking phenomenon is characterized by synkinetic movement of the eyelid with jaw movement. It is supposed to be due to central misdirection of fibers between trigeminal and oculomotor nerves.

Management depends on severity of symptoms. Mild ptosis with mild jaw wink is best to be left alone. Severe ptosis with Marcus Gunn jaw wink requires surgery. Commonly described approach is bilateral levator excision with brow suspension. This gives bilaterally symmetrical cosmetic results. But this approach suffers from the drawback of patient's unwillingness for bilateral surgery and lack of confidence from surgeon's part.

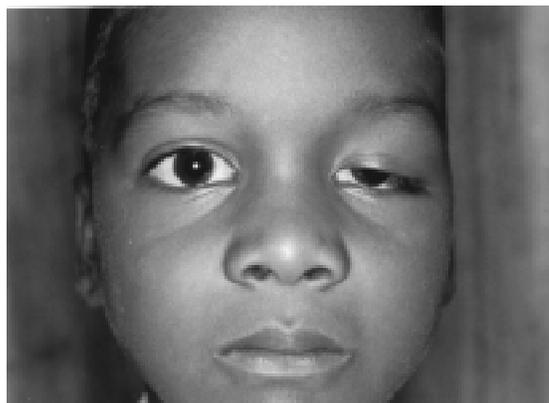
### **UNILATERAL APPROACH:**

In this approach, via the lid crease incision levator aponeurosis is exposed. Levator muscle belly is excised 5-10mm above the Whitnall's ligament and allowed to retract into the orbit. Through the same incision frontalis sling is performed with convenient material.

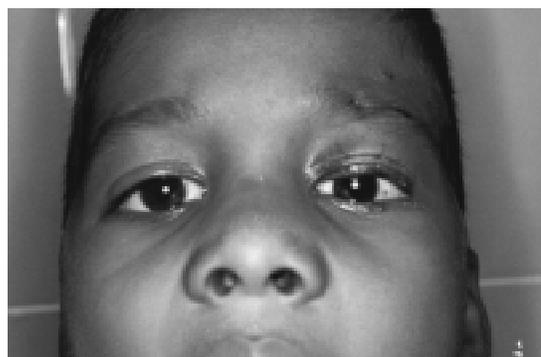
In conclusion satisfactory management of Marcus Gunn jaw winking phenomenon is a difficult task. Unilateral levator excision and frontalis sling gives fairly good results. A discussion with the patient is important to ensure realistic expectations and a compromise may be necessary.

### **Case1**

David, a 7yr male child with moderate ptosis and jaw wink. Unilateral levator excision with frontalis sling was performed. This patient had eversion of the lid with prolapse of forniceal conjunctiva in immediate post-op period. This was treated by fixation suture between the eyelid skin and forniceal conjunctiva.



Pre-operative



Postoperative

Case 2

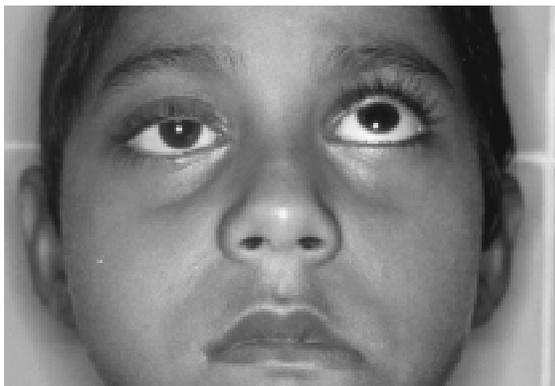
Sunny, a 8yr male child with moderate ptosis and jaw wink .Pt also had right superior rectus palsy .Inferior rectus recession was done.



Preoperative



Slight under correction,elimination of jaw winking postoperatively



Preoperative: Note Superior rectus palsy