Original Research Paper

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Medicine

OCCUPATIONAL CAUSES AND VARIOUS MODALITIES OF TREATMENT OF UNILATERAL PTOSIS IN TERTIARY EYE CARE

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ABSTRACT Unilateral ptosis seen among various occupations. Because of various chemicals toxic substances drugs. undue stress strain exposure to poisonous gases all are causative factors.

KEYWORDS : PTOSIS

INTRODUCTION

As growing science and technology very rapidly cost of health hazards Were moving accordingly. on investigation we can make a statement eye problems are related with various occupations normally. Ptosis is due to nerve pathology, usually by occulomotor nerve., facial nerve, sympathetic nerve paralysis. The reasons are varying from diabetes, tumors of brain, vascular causes like cebrovascular accidents , haemorrhages, etc.

MATERIALS METHODS:

total no of patients observed in this scenario were 46 patients who have Unilateral ptosis and their occupational history were enquired.other 46 patients were taking as controls..all are in 30 to 45 age groups.all are males sensitivity specicity are observed.case control study taken into account pvalue is<0.001Various professions are noted PAINTERS. LIME WORKERS Cement labourers,wall PAINTERS,house PAINTERS, vehicle painters, Road painters taken as sujects..all patients are between 30 to 45 years of age .all are males..duration of exposure was 1 to 5 years of exposure..5to8 years of exposure and more than 10 years of Contact .

Evaluation Of Patients:

Total 46 patients were taken as real other 46 patients with same age ,sex were taken as controls.

All patients history was takenHistory,::: duration of exposure was taken in to account 5 years 20% 5to8 years 5%

8to 10years60%

More than 10 years 15%

So 10years contact with painting as professional has maximum number of ptosis Cases25were observed.

Cases Study: various occupations like painters.. cement workers..etc

In this modern era paints were made by very toxic chemicals like mercury . benzene derivatives. all patients complaining of redness and watering initially unilateral headache appears later sudden drooping of uppereyelid seen Vision difficulty seen in 100 percent of cases .loss of colour vision seen in 100 percent of cases.redness is peripheral type.laterit becomes circumcorneal redness 50%cases leads to glaucoma causing pain in region of trigeminal nerve distribution..there are recurrent attacks of iridocyclitis.

30%of cases show symptoms like blurring of Vision , circumcorneal redness , anterior chamber turbid, irregular reaction of pupil, IOP increased more than 21mmof Hg , vitreous hazyness observed in 40%of cases Macular reflex dullness is seen in 40%of cases micropsia,, macropsia seen in 20%of cases PTOSIS is seen in all 46casesmild to moderate to severe degree of ptosis seen.

20%mild ptosis 40%moderate ptosis 40%severe ptosis

More than 10 years have severe ptosis.40%have diplopia.. EARLY onset cases have lowvision , watering of eyes gradually they landed in mild to moderate to severe ptosis

Pathophysiology of PTOSIS in painters.

Modern paints have plastic in nano particles

Form and other organic chemicals and benzene derivatives retina and maculaDevloped from neuroectoderm Theyare easily susceptible to neurotoxic chemicals cornea shows early OEDEMA and keratitis symptoms like pain redness photophobia and lacrimation In due course lens show cataract changes .

Toxin affects neurons in reina and macula ..ciliary ganglion causing drooping of uppereyelidoPROGRESS OF PTOSIS. If it cannot treated well it leads to severe ptosis.

The acrylic painters have more susceptible.traditional painters with lime have no cases recorded.

Data Analysis: So It is confirmed that Painting leads to unilateral Ptosis as well with visual acuity Decreases, loss of colour vision also. Paint is first culprit for the neuronal disintegration, cell Injury, cell OEDEMA, Cell loss, cell death, later, they Replaced with gliosis, loss of function Not only optic nerve, Retinal Nerve tiber lysis, and ciliary ganglion Destruction where occulomotor Nerve Sympathetic nerves Junctioned there ptosis is mainly Neurogenic here. not myogenic where Levator palpebra Superiorisisgnvolved.

Management Of Cases:

Patients visited Doctor after full blown Ptosis they didnottaken any Treatment prior to that No Care was taken at the time of Painting like Goggles, coveringNose, Eyes

We Started Treatment with corticosteroids and Mineralocorticoids they reduce Inflamation and odema of cell injury, mild. Antibiotics were given Nuronal Replenishments were given like Riboflavin, cyanacobalamine Supplements were given.

Mild Recovery seen in 70% of cases. After Treatment of 1 year 95% of cases are cured. There is no need of ptotic Surgery.

CONCLUSIONS:

Paint is cause of ptosis and loss of visual acuity we can prevent ptosis by Early Intervention and prevention to Exposure of Paint fumes.

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