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Which of the following actions would prove that the apparent lid retraction OS is pseudo-retraction from the ptosis OD and not real retraction OS?



- A. Raise right eyelid
- B. Elevate both eyelids
- C. Depress left eyelid
- D. Lift lower eyelid
- E. Depress right brow

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Pseudo vs. Real: Lid retraction OD



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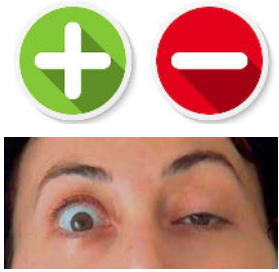
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Plus minus sign vs. plus minus syndrome



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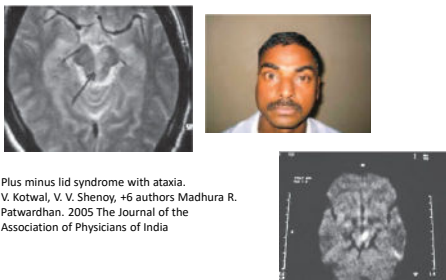
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Plus minus syndrome



Plus minus lid syndrome with ataxia.  
V. Kotwal, V. V. Shenoy, +6 authors Madhura R. Patwardhan. 2005 The Journal of the Association of Physicians of India

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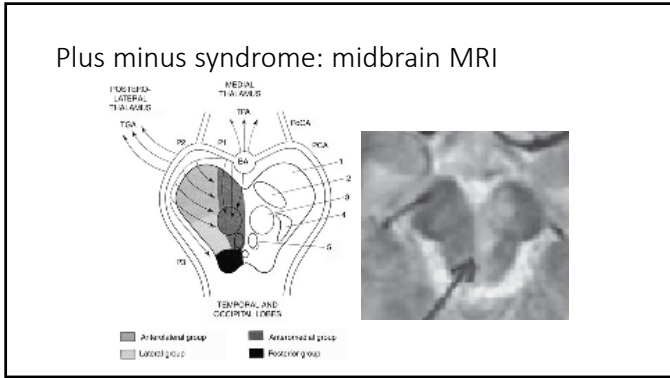
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Which of the following is the most likely diagnosis if the right lid is true ptosis and left lid is true lid retraction?



- A. Myasthenia gravis
- B. Thyroid eye disease
- C. Both A and B
- D. Neither A nor B




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Which of the following is the most likely diagnosis if the right lid is true ptosis and left lid is true lid retraction?



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Which of the following laws explains why elevating lid OD would show pseudoretraction OS?



- A. Hering
- B. Sherrington
- C. Herrington
- D. Sherring

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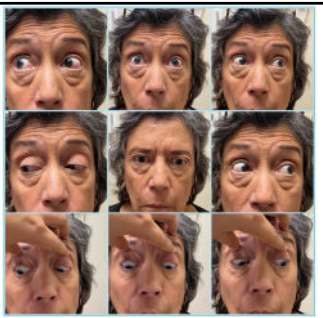
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Date: May 24, 2023  
 gaze

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Which of the following diagnoses is most likely given the patient appearance shown?



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Which of the following diagnoses is most likely given the patient appearance shown?



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WHAT IF

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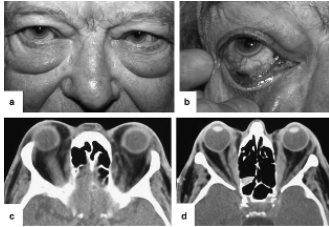
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Thyroid eye disease



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What if: tendon involvement, lateral rectus muscle, unilateral



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Which of the following diagnoses is most likely given the patient appearance shown?



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Which of the following diagnoses is most likely given the patient appearance shown?



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Red Herring or Red Flag



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55 yo WM with bilateral proptosis, injection, chemosis, lid retraction and scleral show



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**Figure 1.** Photo of patient in primary gaze, showing bilateral proptosis (left >right) with right eye ptosis

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Pre and post neostigmine challenge



Ray et al. DOI:<https://doi.org/10.1016/j.nmd.2017.11.011>

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PMH: hypothyroidism now proptosis, inferior show but no retraction

AAO BCSC Ch. 7 Orbit

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85 yo WM with NLP OS, biopsy proven TAB, now with blood sugar 450 and BP 180 mm/Hg

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72 yo AAM w/ ESRD  
OS acute painless vision to VA 20/200  
Pallid disc edema  
**ESR 104!**  
Dry Gangrene on extremities  
IV Solumedrol  
Temp Artery Biopsy:

Walters Kluwer

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