A 62-YEAR-OLD WOMAN was told that her left eyelid remained open when she looked downward as well as when she slept. Soon afterward, pain and weakness developed in her right leg. On admission 2 months later, her eyelids were symmetrical on forward gaze (the left eye was slightly lower), but the left upper eyelid elevated minimally on up-gaze, failed to descend on down-gaze, and did not relax on eyelid closure (Figure). Proptosis was absent, eye movements were full, and neither orbital pain nor diplopia occurred.

Physical examination revealed a 4×6-cm mass in the patient’s right breast, which proved to be an adenocarcinoma on biopsy. Radiographic investigation showed widespread lytic metastases in the skull, throughout the spine, in multiple ribs, in the pelvis and both femurs, and throughout the liver. Orbital scans were not performed. The patient initially responded to chemotherapy but died 10 months later.

Breast cancer is the most common metastasis to the eye and orbit, occurring in up to 30% of such cases. Metastases to the extraocular muscles are uncommon, but not rare, and usually produce pain, diplopia, and proptosis. The presenting sign of cancer in the present case was failure of both eyelid relaxation and eyelid elevation, undoubtedly caused by breast cancer metastasis to the left levator muscle. A recent article from Moorfields Eye Hospital describes 7 cases of similar downgaze “hang-up,” with biopsy-proved orbital malignant neoplasms (breast adenocarcinoma in 3 of the cases). All 7 patients had ptosis, and 4 had limited elevation of the affected eye.

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