mum, all parents should be instructed to seek immediate specialist ophthalmological advice in case of any new eye pain, redness, squint, or visual complaint in a child with recognized cutaneous JXG. If intraocular involvement is found, we recommend close follow-up and early intervention, as clinical deterioration may be precipitous and difficult to control.

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1. Wertz FD, Zimmerman LE, McKeown CA, Croxatto JO, Whitmore PV, LaPiana FG. Juvenile xanthogranuloma of the optic nerve, disc, retina, and choroids. *Ophthalmology*. 1982;89:1331-1335.
2. Rieger H. Zur Augenmitbeteiligung beim Xanthogranuloma infantile. *Graefes Arch Clin Exp Ophthalmol*. 1967;173:175-191.
3. Chang MW, Frieden IJ, Good W. The risk of intraocular juvenile xanthogranuloma: survey of current practices and assessment of risk. *J Am Acad Dermatol*. 1996;34:445-449.
4. Chang MW. Update on juvenile xanthogranuloma: unusual cutaneous and systemic variants. *Semin Cutan Med Surg*. 1999;18:195-205.

Bilateral Optic Neuropathy Associated With Voluntary Globe Luxation and Floppy Eyelid Syndrome

Report of a Case. An obese 35-year-old man was examined because of loss of vision in his right eye and gradually decreasing vision in his left eye. He also complained of redness, irritation, and a foreign-body sensation bilaterally. His medical history and his vision had previously been excellent, according to his medical records at the company at which he was employed as a computer engineer. However, during the past 4 years he had had an obsessive-compulsive disorder, which was treated with risperidone. His parents reported that he had a peculiar habit of luxating his eyes several times a day. When he was asked to demonstrate this, he easily everted his upper eyelids (**Figure 1**) and luxated his globes with his finger (**Figure 2**). He then

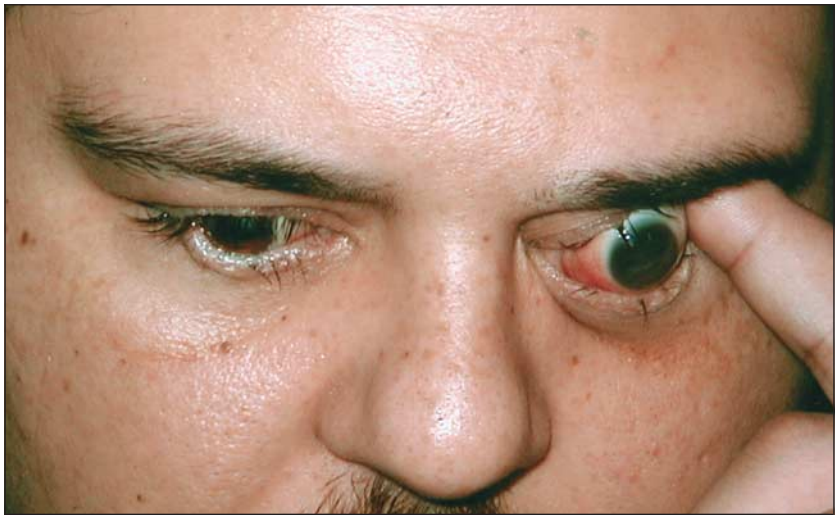

Figure 1. Voluntary eversion of the floppy upper eyelid.

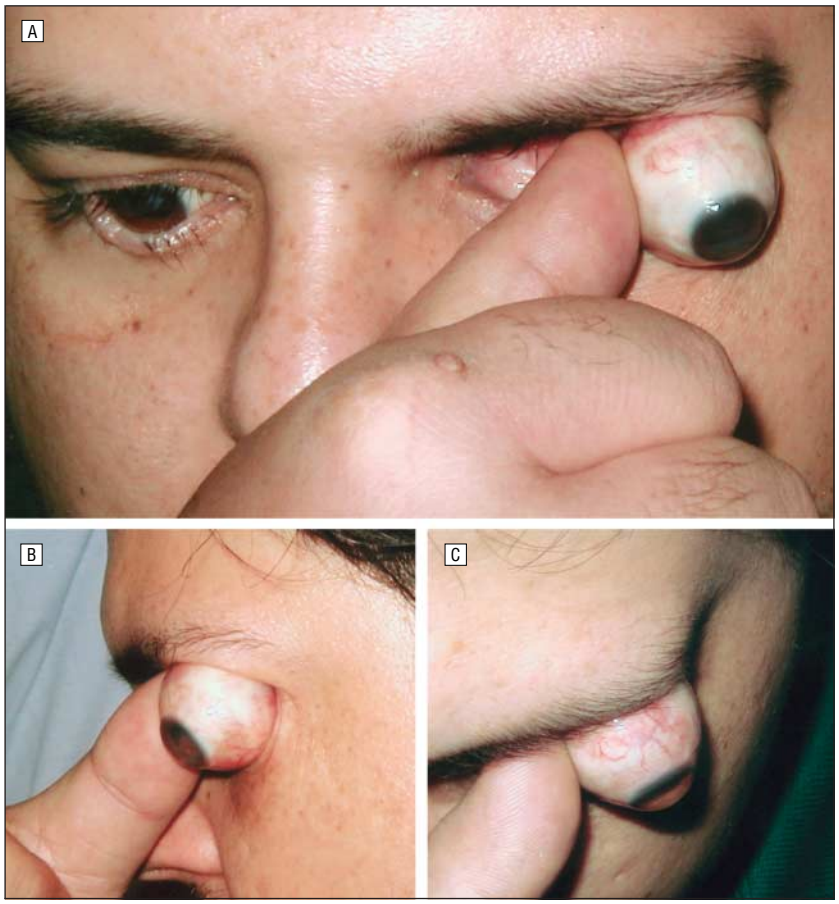

Figure 2. A, Luxation of the globe with the patient's finger. B, Lateral view of the luxated globe. C, Luxated globe as seen from above the patient.

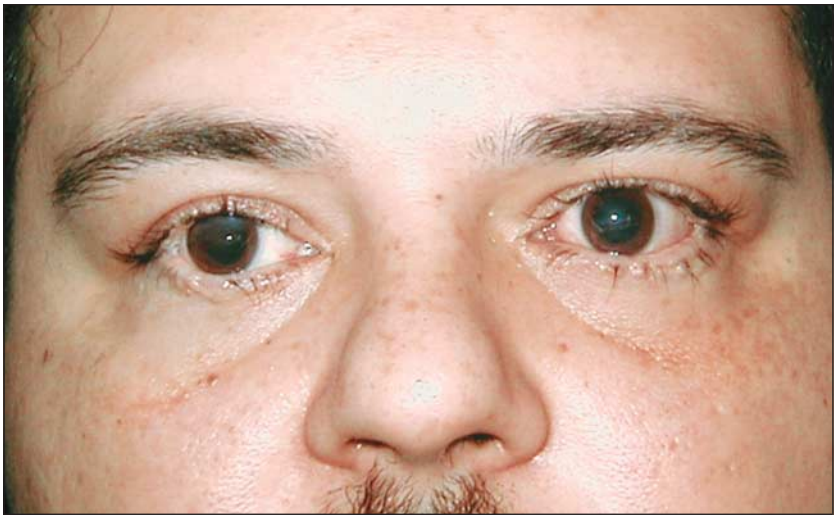

Figure 3. Blepharitis and corneal haze in both eyes.

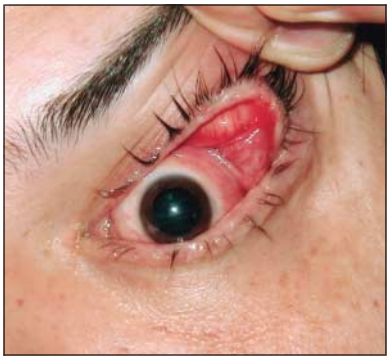

Figure 4. Tears in the Descemet membrane and palpebral conjunctival hyperemia with papillary hypertrophy.

pushed the globes back to their normal position.

On examination, the patient had blepharitis and corneal haze in both eyes (**Figure 3**). Ophthalmic examination showed no light perception in the right eye and a visual acuity of 20/200 in the left eye. Slit-lamp examination showed palpebral conjunctival hyperemia with papillary hypertrophy[1] and tears in the Descemet membrane[2,3] in both eyes (**Figure 4**). Funduscopic examination showed bilateral optic atrophy, more marked in the right eye. The optic disc was uniformly white without cupping in both eyes. The remainder of the results of fundus examination and the intraocular pressure were normal. The patient's poor vision did not permit visual fields to be obtained. Ultrasound scan, Hertel measurements, and thyroid function test results showed no abnormalities. Electrophysiologic testing showed substantial reduction of the latent time of the visual evoked responses. Results of further neurologic examination, including magnetic resonance imaging, for demyelinating disease, drug toxic effects, and thyroid eye disease were negative.

The patient was instructed to avoid luxating his globes, as he refused surgical treatment of the floppy eyelids.[4] Stabilization of his psychiatric disease allowed the patient to be cooperative. Unfortunately, 4 months later he was totally blind. His parents reported that he had never stopped luxating his globes.

Comment. We suspect that the blindness of the patient described in this case was due to a unique traumatic optic neuropathy. The easily everted floppy eyelids of this obese man enabled the voluntary luxation of the globes by inserting the finger deeply into the orbit. The patient's psychiatric disorder aggravated the condition. Concomitant tears in the Descemet membrane support the traumatic origin of the neuropathy.

In the literature we have found reported cases of mental retardation and floppy eyelid syndrome[5] and one case report of spontaneous globe luxation associated with floppy eyelid syndrome.[6] There are also reported cases of self-inflicted ocular injuries related to psychiatric problems.[7,8] To our knowledge, this is the first reported case of voluntary globe luxation and bilateral optic neuropathy associated with floppy eyelid syndrome.

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1. Gross RH, Mannis MJ. Floppy eyelid syndrome in a child with chronic unilateral conjunctivitis. *Am J Ophthalmol*. 1997;124:109-110.
2. Culbertson WW, Tseng SC. Corneal disorders in floppy eyelid syndrome. *Cornea*. 1994;13:33-42.
3. Donnenfeld ED, Perry HD, Gibralter RP, Ingraham HJ, Udell IJ. Keratoconus associated with floppy eyelid syndrome. *Ophthalmology*. 1991;98:1674-1678.
4. Culbertson WW, Ostler HB. The floppy eyelid syndrome. *Am J Ophthalmol*. 1981;92:568-575.
5. Boulton JE, Sullivan TJ. Floppy eyelid syndrome and mental retardation. *Ophthalmology*. 2000;107:1989-1991.
6. Alexandrakis G, Tse DT, Chang WJ. Spontaneous globe luxation associated with floppy eyelid syndrome and shallow orbits. *Arch Ophthalmol*. 1999;117:138-139.
7. Koh KG, Lyes BK. Self-enucleation in a young schizophrenic patient—a case report. *Singapore Med J*. 2002;43:159-160.
8. Detry-Morel M, Philippart R, Boschi A, Luts A. Self-inflicted repetitive optic nerve injury: a case report. *Eur J Ophthalmol*. 2002;12:440-442.

Imitation of Typical Birdcall Causes Ocular Perforation by a Tawny Owl Attack

Bird attacks on people are rare, but they have been described for several species.[1] Most reports involve domestic birds such as roosters, where the mistreated bird seems to have acted in self-defense. In the wilderness, owls, birds of prey, and magpies are known to attack people. Whereas fast-moving objects on the ground, such as joggers, seem to trigger assaults by birds of prey, magpies are reported to attack mostly children and often from behind.[2] Owl attacks have been reported to occur mainly in springtime, when the young are leaving the nest.[3] In this case, the attack was most likely provoked by the imitation of the typical birdcall of this rather aggressive species during the highly vulnerable prebreeding season, which