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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This study was presented at the 26th European Paediatric Ophthalmology Group Meeting, September 9, 2000; Cambridge, England.

We thank Nick Geddes for taking the fundal photographs.

The authors have no relevant financial interest in this article.

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**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.
physiologic 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. 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 and one case report of spontaneous globe luxation associated with floppy eyelid syndrome. There are also reported cases of self-inflicted ocular injuries related to psychiatric problems. 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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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. 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. Owl attacks have been reported to occur mainly in springtime, when the young are leaving the nest. 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