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Letter to the Editor

Before Attributing Unilateral Ptosis to an Influenza-a Infection, Alternative Causes should be Carefully Ruled Out

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Letter to the Editor

We read with interest the article by Rissardo *et al*. regarding a 63-year-old man who presented with a two-day history of right-sided ptosis, attributed to an influenza-A infection [1]. Although the patient declined treatment with oseltamivir, the ptosis resolved spontaneously within 30 days of onset [1]. While the report is noteworthy, several aspects warrant further discussion.

First, as this is an extremely rare cause of unilateral ptosis, various other potential etiologies for transient, unilateral ptosis must be ruled out [1]. One possibility to consider is ocular myasthenia gravis, caused by autoantibodies against AChR, MuSK, or LRP4. Given that infectious diseases can trigger an exacerbation of myasthenia - or even a myasthenic crisis - it is crucial to know whether the patient tested positive for myasthenia-associated antibodies, whether repetitive nerve stimulation revealed a decremental response, and whether a thymoma was present. It is also conceivable that the transient ptosis was a manifestation of a presynaptic neuromuscular transmission disorder; therefore, high-frequency repetitive nerve stimulation and testing for antibodies against presynaptic calcium channels should have been performed. Another possibility that should be excluded is that the patient, given his advanced age, developed blepharochalasis, which was exacerbated by the infection. A third point concerns the patient's prior cataract surgery. Since such a procedure can be complicated by a latent paresis of the levator palpebrae muscle or a disturbance in the autonomic innervation of the tarsal muscle, it is conceivable that the infection caused this latent paresis to become symptomatic. A fourth differential diagnosis that should be ruled out is Miller-Fisher syndrome, which, in isolated cases, can occur transiently and resolve on its own [2, 3].

The second point is that the test used to establish the diagnosis of influenza-A was not specified [1]. It remains unclear which test was employed to document the influenza-A infection. An influenza-A infection is typically diagnosed based on symptoms and clinical signs, as well as through detection via RT-PCR or a rapid antigen test [4].

Thirdly, the patient's medical history and concomitant medications were not provided. Since certain medications can cause drooping of the eyelid (ptosis), such as prostaglandin agonists, opioids, or anticonvulsants [4], it would have been crucial to know all of the patient's chronic conditions and current medications.

In summary: Unless an influenza-A infection has been confirmed by a gold-standard test and alternative causes for unilateral ptosis have been carefully ruled out, the ptosis should not be attributed to an influenza-A infection.

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