Teaching *NeuroImages*: Awakening ptosis (unilateral hypnopompic eyelid palsy)

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Figure 1 Awake patient and right-eye ptosis on awakening

(A) Awake patient. (B) Right-eye ptosis on awakening. The ptosis was complete, strictly unilateral, always involved the right eye, lasted 4–5 minutes, and occurred exclusively on awakening, even after daytime naps.

Figure 2 Sleep hypnograms obtained from polysomnographic recording on 2 nonconsecutive nights

Polysomnogram (PSG) #1: spontaneous nocturnal sleep. PSG #2: spontaneous sleep, during which the patient was awakened from non-REM (NREM) and REM sleep in order to test the presence of ptosis. 1 = Stage 1 NREM; 2 = stage 2 NREM; 3 = stage 3 NREM. The drawings indicate the presence or absence of right ptosis.

A healthy 68-year-old woman presented with 2 years of recurrent episodes of right ptosis, constantly present after waking from sleep (figure 1). Clinical examination, brain MRI, EMG, and polysomnography were unremarkable (figure 2). In particular, there was no cranial nerve impairment. Few cases of idiopathic ptosis on awakening have been described, and they have been attributed to eyelid opening apraxia.¹ This disorder needs to be differentiated from myasthenia gravis and other neuromuscular disorders.² We propose that the

term apraxia is not suitable to describe this clinical phenomenon, which could result from an abnormal, transient persistence of focal sleep-related muscular atonia.

AUTHOR CONTRIBUTIONS

Giacomo Della Marca: study concept and design, analysis and interpretation, critical revision of the manuscript for important intellectual content. Anna Losurdo: acquisition of data, analysis and interpretation, critical revision of the manuscript for important intellectual content. Susanna Cordone: acquisition of data, analysis and interpretation, critical revision of the manuscript for important intellectual content. Fabio Pilato: analysis and interpretation, critical revision of the manuscript for important

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