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Upper eyelid blepharoplasty: An aesthetic and functional repair

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ABSTRACT

Upper blepharoplasty is a popular cosmetic surgery technique, with a yearly demand growth of 6%. It is primarily performed on women, aged between 50 and 70, to rejuvenate the look, enhance the supratarsal crease, and rectify contour abnormalities. The procedure also has functional advantages, such as enhancing the upper field of vision and reducing ptosis. In a clinical scenario, patients with eyelid scars experienced eyelid retraction, lagophthalmos, and ulcerative keratitis. Initially, supportive care was performed, followed by surgical treatment, including scar band release, full-thickness skin graft, eyelid closure, and tarsorrhaphy. Positive results included an expanded visual field, improved quality of life, reduced headaches, and enhanced eyesight. However, further investigation is needed due to contradictory findings and lack of scientific data. We present an interesting case of a patient in whom reconstruction was performed for aesthetic-functional purposes.

KEYWORDS: blepharoplasty, reconstructive surgery, functional outcomes

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INTRODUCTION

Upper blepharoplasty is a highly prevalent technique in the field of cosmetic surgery worldwide. According to the International Society of Aesthetic Plastic Surgery (ISAPS), this operation ranks as the third most common, seeing a yearly demand growth of 6%. The procedure is mostly performed on women, accounting for 85% of patients, while males make up the remaining 15%. The age range of patients undergoing the procedure is between 50 and 70 years old. The objective of the operation is to rejuvenate the look, enhance the supratarsal crease, and rectify contour abnormalities, fat pad herniation, and rhytids. In addition to its aesthetic appeal, this product has functional advantages such as enhancing the upper field of vision and reducing ptosis in some circumstances. This is achieved by reducing the burden on the levator palpebrae superioris muscle [1-4]. We present an interesting case of a patient in whom reconstruction was performed for aesthetic-functional purposes.

Clinical scenario

Patient with scars on the eyebrow and upper eyelid that produce eyelid retraction and lagophthalmos, and severe 10 mm lagophthalmos, with absence of bell's phenomenon, which produced ulcerative keratitis.

Initially, medical treatment based on supportive care is performed to treat corneal exposure, frequent use of artificial tears, ointments during the night, and a wet chamber during nighttime rest.

Surgical treatment: scar band release was performed, with full-thickness skin graft by blepharoplasty for contralateral upper eyelid and tarsorrhaphy, eyelid closure with nylon 6-0, tarsorrhaphy with nylon 4-0, tarsorrhaphy, a period of one month with subsequent graft stitch removal after a week, and tarsorrhaphy for 30 days. Added application of intralesional steroid (methylprednisolone). Associated with local massages and a high-frequency lamp.

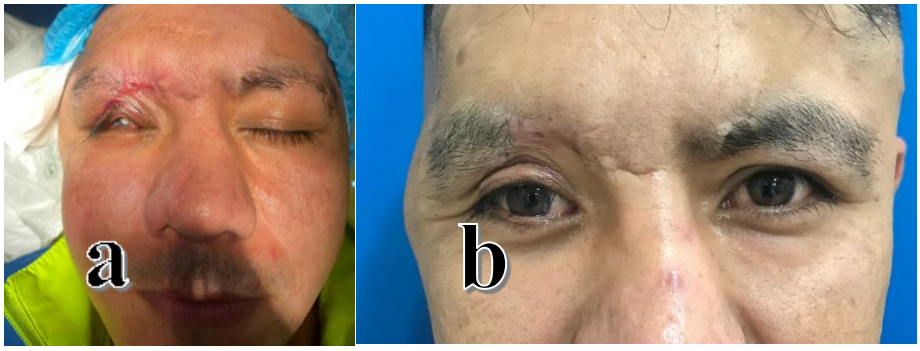

Figure 1. pre (a) and postoperative appearance (b)

DISCUSSION

Positive results following an upper blepharoplasty were documented in several stuides, which encompassed an expanded visual field, increased quality of life due to reduced headaches, and enhanced eyesight. Moreover, there was a reduction in the sensitivity of the eyelids, accompanied by variations in the rate of recuperation. The results regarding eyebrow height, astigmatism, contrast sensitivity, and eyelid kinematics varied between the research. A meta-analysis was not possible since the included studies had a limited scope and there was a wide range of results and procedures used in blepharoplasty [5, 6].

Conclusion

Upper blepharoplasty is likely to provide in several beneficial functional outcomes, including an expanded visual field and enhanced quality of life in terms of headache and vision. Additional investigation is required, particularly in situations where there are contradictory findings (such as eye dryness and eye brow height) and/or where there is a scarcity of scientific data (such as contrast sensitivity, astigmatism, and frontalis muscle activation).

REFERENCES

I. Rodrigues, C., Carvalho, F., & Marques, M. (2023). Upper eyelid blepharoplasty: surgical techniques and results—systematic review and meta-analysis. Aesthetic Plastic Surgery, 47(5), 1870-1883.

II. Lee, H., Shin, H., Park, M., & Baek, S. (2013). Comparison of surgical techniques and results of upper blepharoplasty between Asian males and females. Annals of Plastic Surgery, 70(1), 6-9.

III. Bhattacharjee, K., Misra, D. K., & Deori, N. (2017). Updates on upper eyelid blepharoplasty. Indian journal of ophthalmology, 65(7), 551-558.

IV. Hollander, M. H., Schortinghuis, J., Vissink, A., Jansma, J., & Schepers, R. H. (2020). Aesthetic outcomes of upper eyelid blepharoplasty: a systematic review. International Journal of Oral and Maxillofacial Surgery, 49(6), 750-764.

V. Gore, S., & Joshi, N. (2024). Upper Blepharoplasty. In Oculoplastic, Lacrimal and Orbital Surgery: The ESOPRS Textbook: Volume 1 (pp. 367-387). Cham: Springer Nature Switzerland.

VI. Jo, C., & Bagheri, S. C. (2008). Upper and Lower Eyelid Blepharoplasty. Chapter Editors and Contributors, 317.