Lower Eyelid tarsomarginal flap for upper eyelid reconstruction: A novel technique

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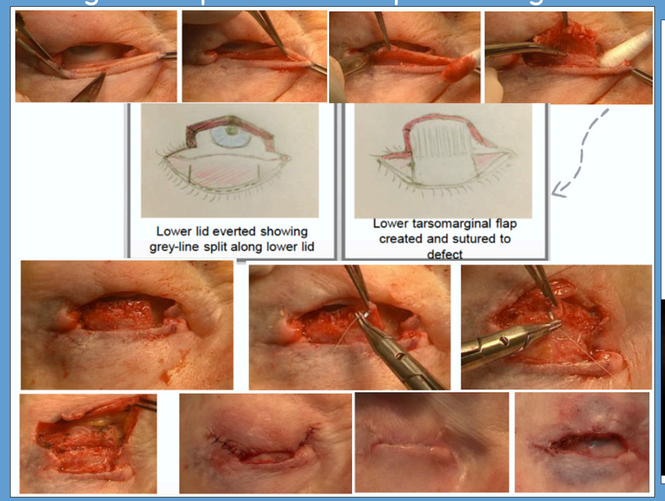
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Introduction

Reconstruction of large upper lid defects is often challenging and most established techniques have their limitations. We describe 2 cases of presentations of upper lid lesions. In both cases, excision resulted in the removal of over half of the upper lid, requiring significant reconstruction surgery. There are few commonly used methods of reconstruction for large upper eyelid defects; we describe a surgical technique that provides advantages in eyelid stability and integrity, using a lower eyelid tarsomarginal flap and skin graft or flap.

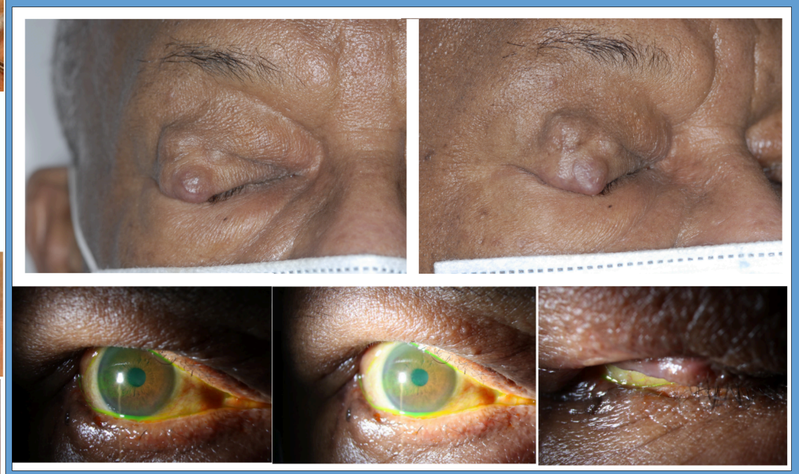
Methods

2 cases were identified. The first was a 77-year old Afro-Caribbean gentleman (case 1) presenting with a recurrent right upper lid lesion of >15mm. The second was a 92-year-old lady (case 2) presenting with a nodular lesion of 1cmx0.8cm in size on the right upper lid. The lesions were excised followed by right upper lid reconstruction using a novel tarsomarginal flap and skin flap or skin graft.



Results

The histological results from the debulk biopsy in the gentleman's case was reported as a mucinous adenocarcinoma. Postoperatively, there was no lagophthalmos, a healthy ocular surface and the reconstruction blended well with the surrounding tissues. The patient has been followed up for over 14 months. The biopsy confirmed a nodular BCC of the right upper eyelid of the 92-year-old lady. Postoperatively, she showed no lagophthalmos and the flap has blended well with the surrounding skin.



Case 1 – image left
Case 2 – image right



Conclusions

We describe a simple novel technique to restore the upper eyelid posterior lamella with the full height of lower lid tarsoconjunctiva, which is ideal for the integrity of the upper lid and cornea. The lower eyelid posterior lamella heals lasiez faire with an intact anterior lamella acting as a scaffold, with preserved eyelashes.