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LID RECONSTRUCTION SURGERY USING CUTLER BEARD TECHNIQUE IN A CASE OF SEBACEOUS CELL CARCINOMA OF UPPER LID.

Ophthalmology

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KEYWORDS

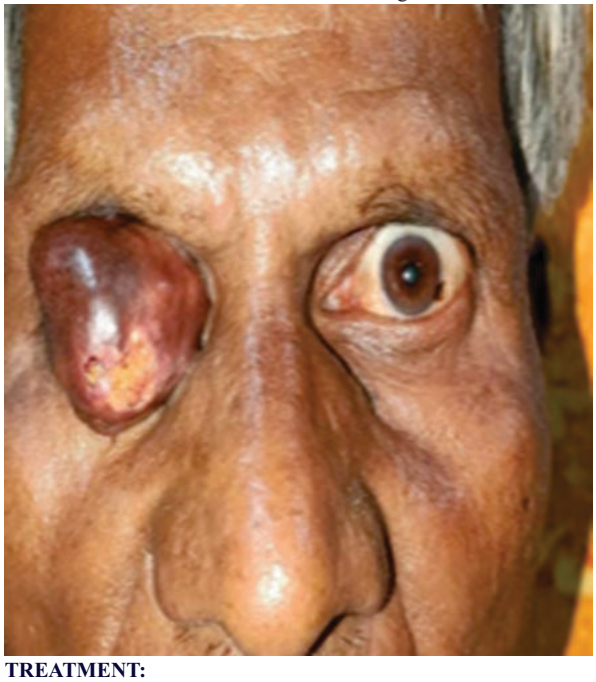
culter beard, sebaceous cell carcinoma, lid reconstruction

INTRODUCTION:

Malignant tumors of eyelid need surgery as a primary treatment. Skilled surgeon and adequate anatomy restoration are inevitable to preserve the eye, intraocular structures and vision of the patient. Full thickness defect created needs restoration of defect promptly done using two stage cutler beard surgery, full-thickness cutaneoconjunctival inferior eyelid advancement flap, is a reliable method for reconstruction of total or partial upper eyelid defects which then cover the defect and six weeks postoperatively underwent second stage of surgery to separate the two lids. Primary aim while taking such cases is always restoring the good anatomical, functional and cosmesis similar to the fellow eye.

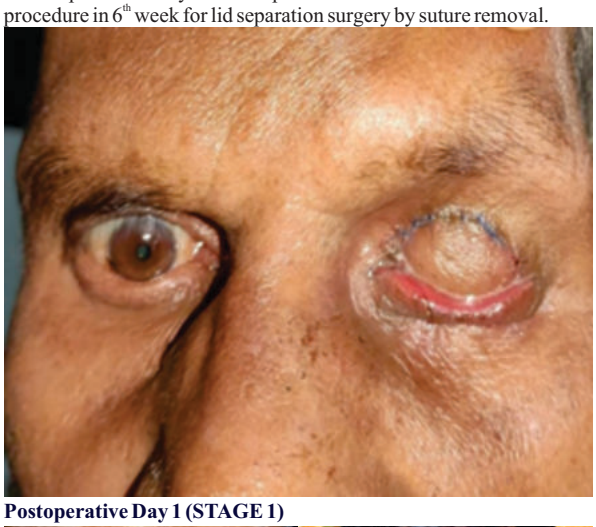
CASE DISCUSSION:

62 year old male patient not a known case of any systemic illness presented to Subharti Hospital with complaint of swelling of left eye since one year which was slowly progressive and increased to a big mass over past 6 months covering the entire left eye obscuring the vision of the patient in the same. The patient came to us with dire need of treatment as he was informed about non operability of the mass in peripheral centres. On examination, the mass was arising from left eye upper lid with ill-defined margin, hard in consistency. Patient was informed about the suspicion malignancy and informed consent taken. Two stage cutler beard surgery was planned with histopathological examination of excised mass to confirm for margin clearance.

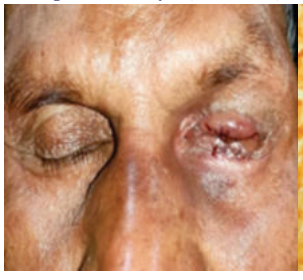


TREATMENT:

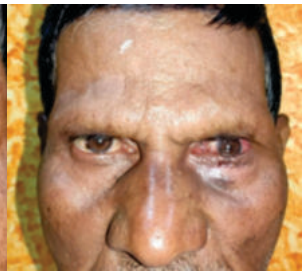
Patient was informed in detailed about the two staged procedure. All routine investigations were done and preoperatively patient was thoroughly examined for surgery under general anasthesia. Once fit, we planned for the surgery by excising the upper lid mass measured approximately 4 cm hight x 5 cm width x 3.5 cm thickness and kept 4 mm margin clearance on both side . The lower lid advanced flap was taken which was the separated in anterior and posterior lamella and sutured in layers using 4-0 nylon suture covering the defect adequately emphasised effort to restoring the defect anatomically. Patient was then kept for weekly follow up for three weeks then taken for 2nd procedure in 6th week for lid separation surgery by suture removal.



Postoperative Day 1 (STAGE 1)



Postoperative Stage 2 (No Lagophthalmos)



Postoperative Day 10 (Stage 2)

RESULT:

Patient was followed up weekly for 3 weeks, then 5th week and 2nd staged procedure in 6th week. Anatomy was well aligned with no adnexal abnormalities. The excised mass sent for histopathological examination showed sebaceous cell carcinoma with clear margins.

DISCUSSION:

Large upper lid mass needs surgical excision creating defect more than 50 % percent of the healthy tissue needs reconstructive surgery imperative to anatomical, functional and aesthetic restoration. Cutler beard surgery is one such using autologous graft; a tarso-conjuctival lower lid advancement flap which then separated in two lamella and repaired layer by layer, covering the defect and obscuring vision which restored in second stage surgery. Autologous graft has its own advantages as of restoring better anatomy, better and early healing of the defect site.

CONCLUSION:

Large defects reconstructed using cutler beard approach has shown promising results with very less post operative complication. Though, it cannot be taken as a surgical approach in monocular patients and infants, children increasing the risk of amblyopia.

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