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To assess modified Cutler-Beard surgery for management of large upper eyelid defects

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Cutler-Beard surgery was first described by Cutler and Beard in 1955, as an inferior eyelid advancement flap/Bridge flap for large full thickness upper eyelid defects. Since then it has been variously modified regarding the graft material used or the time of division of flap. Use of tarsal graft from contralateral upper eyelid has not been described, although such a use has been done for bipedicle graft as posterior lamella. We will describe three consecutive cases of our patients repaired by this technique using tarsal graft from opposite upper eyelid. We had one case of sebaceous gland carcinoma, one basal cell carcinoma and a congenital coloboma. Average age of patients was 35.33 years with a maximum of 55 years and minimum of 14 years for congenital coloboma. All the three patients were females. In the first stage of surgery, after securing the posterior lamina, tarsal graft from opposite upper eyelid was sutured to the tarsal remnants in the defect. Rest of the procedure was carried in same fashion. Flaps were divided at 6 weeks. Follow up period was 24 months for sebaceous gland carcinoma, 7 months for basal cell carcinoma and 4 months for congenital coloboma, respectively. Average follow up was 11.66 months. Follow up was totally devoid of complications. This modification of Cutler Beard surgery is relatively simple procedure that can perfectly restore the anatomy of eyelid and prevent complications due to graft.

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