

## Maximal Levator Resection in Congenital Moderate-to-Severe Blepharoptosis with Poor Levator Function

Sameh Saad Mandour

Menoufia University, Egypt



### Abstract

**Objective:** To evaluate the safety and efficacy of Maximal levator muscle resection technique for treatment of moderate to severe simple congenital blepharoptosis with poor levator function.

**Background:** Surgical options for the correction of congenital ptosis with poor levator function include frontalis suspension and maximal levator resection. The choice between both remains controversial. However, levator resection approach is more physiological.

**Patients and methods:** This prospective study included 29 eyelids of 20 patients who underwent maximal levator resection procedure and their ages ranged from 3-8 years. Patients presented with ptosis were examined and enrolled from January 2018 to January 2019, from the outpatient ophthalmic clinic of Menoufia University Hospital. Follow up was done up to 6<sup>th</sup> months postoperative to evaluate the functional and cosmetic results and to report complications.

**Results:** There is statistically significant increase of mean postoperative margin to reflex distance-1 (MRD-1) in comparison to preoperative MRD-1 ( $p < 0.05$ ). Successful outcome of maximal levator resection procedure was achieved in 86.21 % (25/29) at the end of follow up period. The most common complications were under-correction in 10.3% (3/29) and overcorrection in 3.4% (1/29).

**Conclusion:** Maximal Levator resection procedure is effective in the treatment of congenital blepharoptosis with poor levator function.

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### Biography:

Sameh Saad Mandour has completed his PhD at the age of 33 years from Menoufia University. He is an oculoplastic surgeon. He has published more than 20 papers in reputed journals.