

Abstracts of Outstanding Presentation (2)

Treatment of Upper Eyelid Dermatochalasis by Resection of Excess Skin at the Inferior Margin of the Eyebrow

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Introduction

Upper eyelid dermatochalasis due to aging is usually treated with resection of the redundant skin to the double eyelid line. However, because the eyelid skin closer to the lid margin is thinner, suturing of the upper thick skin to the lid margin can cause eyelid thickening. In addition, this procedure is not well suited for patients wishing to avoid a major change in appearance with the reconstruction of a new double eyelid. To overcome these problems, we have resected excess skin at the inferior margin of the eyebrow and achieved good results.

Patients

The subjects were patients with upper eyelid dermatochalasis due to aging and symptoms of “heavy eyelids and loss of superior visual field” but with normal levator palpebrae muscle function. Twenty-two patients (6 men, 16 women; mean age, 68.4 years; age range, 50 to 87 years) underwent the procedure described below at Nippon Medical School Musashi Kosugi Hospital or other affiliated institutions.

Methods

With the patient in a seated position, the surgeon’s fingers pinched the upper eyelid skin to determine the amount of skin to be resected. Under local anesthesia, the excess skin was resected at the inferior margin of the eyebrow in spindle shape. After minimal undermining at a site with no eyebrow hair, hemostasis was carefully ensured, then the dermis was sutured tightly with 5-0 polydioxanone, followed by interrupted or running sutures with 6-0 polypropylene. After the patient was returned to a sitting position, eyelid configuration was examined by both the surgeon and patient, and if the results were judged acceptable, the procedure was concluded.

Results

All patients showed symptomatic improvement. Early postoperatively, 1 patient was concerned about dog ears in the temporal area, but no revisions were required. Scarring of the inferior margin of the eyebrow, the greatest initial concern, also did not occur. This procedure achieved satisfactory functional and cosmetic results (**Fig. 1**).



Fig. 1 Case 1

- a.** Preoperative view and skin incision line.
 1. Frontal view. The excess skin at the upper eyelid is seen.
 2. Right side view.
- b.** Immediate postoperative view.
- c.** Ten months after operation.
 1. Frontal view. A naturally appearing eyelid is reconstructed.
 2. Right side view. The scar is inconspicuous.



Fig. 2 Case 2

- a.** Preoperative view and skin incision line.
- b.** Immediate postoperative view.
- c.** Two months after operation.
 1. Frontal view.
 2. Left side view. The scar is covered by the long eyebrows.

Discussion

This surgical procedure was first announced by Fujimori et al. Subsequent reports¹ described the procedure in greater detail, but results in a large number of patients have not previously been reported except in a few short abstracts. In addition, we believe that ours is the first to report separate results with this procedure for male and female patients.

This procedure has been indicated mostly for female patients because any surgical scarring can be covered with an eyebrow pencil. However, our experience suggests that scarring can also be covered, even in male patients, by preserving the long eyebrows commonly seen in older people. Despite the small number of cases, our results suggest that this surgical procedure can also be used in men (**Fig. 2**).

This procedure, as compared to conventional resection of redundant skin to the double eyelid line, is not indicated in patients with coexisting ptosis or in those wishing to undergo revision from a single to double eyelid. However, this surgical procedure is of short duration, the technique is relatively easy, and postoperative swelling is minimal. Moreover, a naturally appearing eyelid can be reconstructed. This procedure offers a significant advantage, particularly to older patients, who wish to avoid any major changes in appearance.

References

1. Hayashi T, Fujimori R, Hirota R, Obata Y: Usefulness of sub-eyebrow rhytidectomy. J JSAPS 2003; 25: 114–118.
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