

To assess the efficacy of orbicularis myotomy for benign essential blepharospasm

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Abstract

Introduction: Benign Essential Blepharospasm causes a lot of ocular morbidity. A new surgical technique is being introduced to offer these patients a permanent relief. This study was conducted to assess how efficient and safe this technique is to relieve blepharospasm in such cases permanently.

Materials & Methods: This is a prospective clinical, interventional study conducted at the oculoplastics department of a tertiary care centre. A total of 25 consecutive cases (50 eyes) were included in the study, conducted from Jan 2012 to Dec 2014. There were 19 females and 6 males between the ages 28-66 years (mean age 52 years). They were referred to the oculoplastics clinic because of their inability to keep their eyes open and frequent blinking. After a thorough history, a complete ophthalmological examination was carried out by a single examiner (SI). Any associated causes of ocular irritation like dry eyes, meibomitis and blepharitis were first treated with lid hygiene, lubricants, tetracycline eye ointment massaged into the lid margins and wearing tinted glasses. After one month of this therapy, a limited orbicularis myectomy of both the upper and lower lids was performed under local anesthesia by a single surgeon. All cases were followed up after 1 week, one month, 3 months, 6 months and 1 year. The patients were asked about subjective improvement while the presence and extent of spasms was also noted objectively. Any complications like lid edema, lagophthalmos, corneal exposure was also noted.

Results: A total of 25 consecutive cases (50 eyes) were included in the study, with 19 females and 6 males between the ages 28-66 years (mean age 52 years). A positive family history was present in only 3 cases (12%), the rest were all sporadic. After treating or removing the triggering factors and a meticulous control of their diabetes and hypertension, all patients underwent a limited orbicularis myectomy of all 4 eyelids simultaneously, under local anesthesia by a single surgeon. After the first post-operative dressing, ecchymosis of lower lids was noted in 13 cases (52%); a slight lid swelling at the lateral lid margin was present only in 3 cases (12%). No lid lag, lid asymmetry or corneal exposure was noted in any case. The patient satisfaction was 100%.

Conclusion: Limited orbicularis myectomy by this procedure was found to be effective in providing a long-term relief of spasms and was not associated with any complications. However, proper patient selection and treatment of triggering factors pre-operatively is mandatory.

Biography

Dr. Sameera Irfan is a Consultant Oculoplastics Surgeon & Strabismologist, in Mughal Eye Trust Hospital, Lahore, Pakistan. She completed her M.B.B.S from Fatima Jinnah Medical



4th International Conference and Expo on

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June 22-24, 2015 Philadelphia, USA

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