

# LID RECONSTRUCTION

by

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### Goals of Lid Reconstruction

- protection of eye
- Adequate skin and muscle for closure/blink
- Smooth epithelialized posterior lid surface
- Posterior apposition of lid to globe
- Stable lid margin, canthal angle, and shape
- Cosmesis with minimal scars

☞ LID RECONSTRUCTION

☞ congenital anomaly of the `eye lids

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☞ trauma

Basal Cell Carcinoma

☞ Squamous Cell carcinoma

☞ Malignant melanoma

☞ Sebaceous carcinom

☞ Microcystic adnexal carcinoma



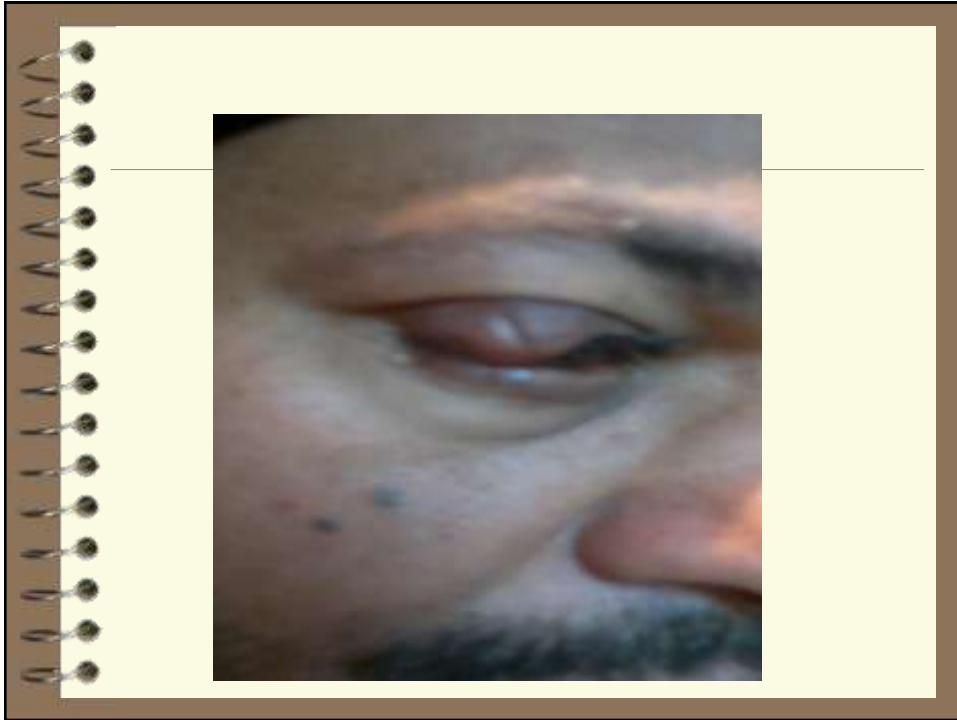




# Case report

A gentleman aged 45 years old presented to our patient clinic at Sohag University Hospital with a history of recurrent swelling two times after a surgical removal in Kuit country in the R upper eye lid ,he added a history of 2 months interval after every time ,he was diagnosed as a chalazion





## Examination

Ophthalmic Examination is within normal limit

Except R upper eye lid has a mass about 25x20 mm, firm in consistency, with absent of eye lid lashes in the lid margin over the lesion, irregular border and asymmetric shape, no palpable drainage L N





## Provisional diagnoses

- 1- Sebaceous gland carcinoma.
- 2- Basal cell carcinoma.
- 3- Squamous cell carcinoma

What is your plan in the management of this case? \_\_\_\_\_

- 📄 First of all we have to get a biopsy from the lesion
- 📄 So we did an incisional biopsy
- 📄 Is that sufficient in this case?

## Map biopsy

- ☞ Map biopsies from the conj
- ☞ As the tumor has pagetoid spread
- ☞ It arises from multifocal non contiguous tumor origin

## Preoperative biopsy

Preoperative biopsy was done from the lesion and the histopathological examination reveals that the specimen is of sebaceous carcinoma .

## The decision was taken

To do surgery that involves total excision with 4 mm safety margin and examination of the margin histologically .

We do reconstruction by Cutler beard procedure .

## Operative steps

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Excision of the lesion with 4 mm safety margin



# LOWER EYE LID BRIDGE FLAP CUTLER-BEARD



# POSTERIOR LAMELLA FROM THE OTHER EYE



# SUTURING THE POSTERIR LAMELLA GRFT TO THE EDGE OF THE INCISION INCLUDING THE LEVATOR



POSTERIOR LAMELLA AFTER SUTURING



CUTLER BEARD FLAP WITH PULLING IT UNDER THE BRIDGE OF THE LOWER EYE LID



CUTLER BEARD FLAP COVERING THE POSTERIOER  
LAMELLA GRAFT

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STURING OF THE FLAP

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SUTURING THE FLAP TO SURROUNDING STRUCTURE



LEAVE IT TO STRETCH FOR 6 WEEKS TO 3 MONTHS



## COMPLETE SUTURING OF THE FLAP TO THE SURROUNDING STRUCTURES



## Histopathological examination

- **Gross picture** :triangular eye lid piece 2.7x2.5x1 cm ,marked with stitches . Serial sections revealed rubbery to firm grayish white cut section.
- **Microscopic picture**: section examined revealed invasive tumor tissue consisted of lobules of mostly clear cells showing anaplasia with brisk mitotic activity & excess abnormal mitoses. The stroma showed areas of desmoplasia .focal central keratinization and necrosis were present . Pagetoid spread was detected *the resection margins were free from tumor tissue*
- **Diagnosis** : *invasive sebaceous carcinoma grade III ,with focal squamoid features, free resection margins. .*

FOLLOW UP OF THE FLAP POST OPERATIVELY



THE FLAP IS IN A GOOD STATE



## Comment

- ▣ Sebaceous carcinoma of the eye lid is a rare tumor but potentially fatal that represent 5 % of the eye lid tumor , it is known as the great masquerader
- ▣ It appears to develop de novo and not from sebaceous adenoma ,hyperplasia or nevus ,it arises from sebaceous glands of periocular region
- ▣ Presentation: solitary eye lid nodule or diffuse eye lid thickening with loss of cilia
- ▣ Risk of misdiagnosis : persistent or recurrent chalazion or blepharitis ,it is considered in the middle aged or older patients who presnt with unilateral blepharitis , can grow outwards ,becoming pedunculated lesion and resemble BCC
- ▣ DD : blepharitis ,chalazion, BCC ,lymphoma,melanoma,merckel cell carcinoma and SSC
- ▣ Conjunctival map biopsies

DIVIDE THE FLAP IN LAYERS LEAVING MORE

COJUNCTIVATHAN SKIN ATTACHED TO UPPER LID





THE PATIENT AFTER FLAP DIVISION OF THE FLAP



