

Alternative surgical methods for ptosis in patients with 18p deletion syndrome

Sang Beom Han

Department of Ophthalmology,
Kangwon National University
Hospital, Kangwon National
University Graduate School of
Medicine, Chuncheon, South Korea

Dear editor

We read the article by Xu et al¹ entitled “A case of 18p deletion syndrome after blepharoplasty” with great interest. In their case report, they reported a child with 18p deletion syndrome who underwent blepharoplasty for ptosis associated with the syndrome.¹ The authors should be congratulated for introducing a method of cosmetic improvement for patients with this condition.

Blepharoplasty would have been enough for the right eye of the child as the width of her palpebral fissure was 7–8 mm preoperatively. However, considering that the width of her palpebral fissure was 2–3 mm in the left eye when raising her eyebrows, we would like to point out that alternative methods, such as frontalis suspension, would have been necessary for functional as well as cosmetic improvement. Frontalis suspension is the most commonly performed technique,² especially for the patients with unilateral congenital ptosis with poor levator function less than 4 mm.³ Satisfactory outcome (from 80 to 90%) of such patients was reported when frontalis suspension was performed for severe unilateral ptosis, although the results could be less satisfactory in patients with unreliable brow function.^{2,3}

In cases with poor forehead elevation, maximal levator resection has been introduced to be an effective alternative.³ After the maximal levator resection, significant improvement in levator function was reported.³ In addition, maximal levator resection can be cosmetically superior to frontalis suspension, as the technique can preserve natural eyelid contour and dynamic blink and does not need eyebrow elevation for eye opening.³

Finally, we would like to comment that the patient might need further evaluation, and if needed, further treatment for amblyopia of the left eye, as the patient had significantly smaller palpebral fissure in the left eye than in the right eye preoperatively. As the child is five and half years old, amblyopia treatment such as occlusion or atropine therapy might improve her vision in the left eye.

Disclosure

The author reports no conflicts of interest in this communication.

References

1. Xu LJ, Wu LX, Yuan Q, Lv ZG, Jiang XY. A case of 18p deletion syndrome after blepharoplasty. *Int Med Case Rep J.* 2017;10:15–18.

Correspondence: Sang Beom Han
Department of Ophthalmology, Kangwon
National University Hospital, 156
Baengnyeong-ro, Chuncheon 200-722,
Kangwon, South Korea
Tel +82 33 258 9210
Fax +82 33 258 2296
Email m.sangbeom.han@gmail.com

2. Bernardini FP, Cetinkaya A, Zambelli A. Treatment of unilateral congenital ptosis: putting the debate to rest. *Curr Opin Ophthalmol*. 2013;24(5):484–487.
3. Lee JH, Aryasit O, Kim YD, Woo KI, Lee L, Johnson ON 3rd. Maximal levator resection in unilateral congenital ptosis with poor levator function. *Br J Ophthalmol*. Epub 2016 Sep 6.

Dove Medical Press encourages responsible, free and frank academic debate. The content of the International Medical Case Reports Journal 'letters to the editor' section does not necessarily represent the views of Dove Medical Press, its officers, agents, employees, related entities or the International Medical Case Reports Journal editors. While all reasonable steps have been taken to confirm the content of each letter, Dove Medical Press accepts no liability in respect of the content of any letter, nor is it responsible for the content and accuracy of any letter to the editor.

International Medical Case Reports Journal

Dovepress

Publish your work in this journal

The International Medical Case Reports Journal is an international, peer-reviewed open-access journal publishing original case reports from all medical specialties. Previously unpublished medical posters are also accepted relating to any area of clinical or preclinical science. Submissions should not normally exceed 2,000 words or

4 published pages including figures, diagrams and references. The manuscript management system is completely online and includes a very quick and fair peer-review system, which is all easy to use. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.

Submit your manuscript here: <https://www.dovepress.com/international-medical-case-reports-journal-journal>