

TACTICAL AND TECHNICAL ASPECTS OF SURGICAL CORRECTION OF BLEPHAROPTOSIS

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Abstract.

Ptosis of the upper eyelid is one of the topical topics in medicine. Its relevance is primarily due to the frequency of its spread among ophthalmopathy. Thus, according to various authors, ptosis of the upper eyelid among ophthalmopathies was 15.6%, and the total prevalence of hereditary eye diseases among adults was 2.42, among children-8.63 per 10,000 people. The study included 155 patients with ptosis of the eyelid of various etiologies, who underwent surgical treatment in private clinics from 2014 to 2022. Projections of the edges of the irises of the eye are determined and marks are applied to the tarsal plate. At the level of the designated areas, the tarsal plate intersects across from the ciliary edge to the levator aponeurosis with a slight intersection of the lower edge of the aponeurosis. The proposed method of reducing the resistance of the tarsal plate is effective and provides good aesthetic and functional results. The method is low-traumatic, easy to perform and low-cost. Its effectiveness is high both in acquired postures and in congenital ptosis with a satisfactory and good function of the eyelid levator.

Keywords: tactical and technical aspects; ptosis of the upper eyelids; surgical correction; ophthalmopathy; transcutaneous access.

The study included 155 patients with ptosis of the eyelid of various etiologies, who underwent surgical treatment in private clinics "Fartuna YUR" in Kuvasai, in the private clinic "Biotest medical" in Fergana, in the clinic "Meridian" in Fergana in the clinic "FOCUS" medico center in Andijan, in the clinic "Nurly khayet" Kokand. 155 patients (197) with congenital and acquired ptoses of varying severity were operated on. The main group included 113 patients (131 eyes) with ptosis of the eyelids of various etiologies (66.7%), who before the correction of the eyelid had relaxation of the tarsal plate according to the original developed technique. The comparison group included 42 (66 eyes) patients (33.3%).

The age of the patients ranged from 4 to 70 years. There were 10 (15.2%) male patients in the comparison group, 32 (48.5%) female, 41 (31.3%) and 72 (55.5%) in the main group, respectively, while there were 65 (41.9%) patients under the age of 18.

In the main group, operations were performed according to the proposed method of relaxation of the tarsal plate before correction of ptoses of the upper eyelids of various etiologies.

When performing operations in the main group, the proposed methodology has the following main stages:

The operation is performed by transcutaneous access for adults mainly under local anesthesia, for children under 16 years of age under intravenous anesthesia in combination with local anesthesia with 1% lidocaine solution;

The skin is marked at a distance of 8-10 mm from the ciliary edge. The excised skin flap is drawn depending on the degree of stretching of the eyelid skin. In children and young people, this is a strip 2-3 mm wide;

After excision of the skin strip, the fibers of the circular muscle of the eye are separated. The septum of the eyelid intersects. The elevator of the century and the tarsal plate are exposed. Soft tissues are bluntly and sharply separated from the bottom down to the ciliary edge. The front surface of the tarsal plate is completely highlighted;

Projections of the edges of the irises of the eye are determined and marks are applied to the tarsal plate. At the level of the designated areas, the tarsal plate intersects across from the ciliary edge to the levator aponeurosis with a slight intersection of the lower edge of the aponeurosis.

The proposed methodology allows us to achieve the following results:

- a) Reduce the static resistance of the tarsal plate and at the same time preserve the frame properties of the plate with minimal deformation of the edge of the eyelid;
- b) Strengthen the lifting of the central part of the eyelid, which facilitates the opening of the pupil;
- c) Reducing the resistance of the tarsal plate reduces the load on the muscles to which its central part is attached and provides its easier lifting. At the same time, it becomes possible to attach the plate below and maintain the extensibility of the muscles of the eyelid levators with minimal disruption of the closing function of the eyelids;
- d) The technique is low-traumatic, does not destroy the connections between the plate and the levator of the eyelid;
- e) The technique is simple in execution and does not require special equipment.

Taking into account the severity of biomechanical violations of vector forces in upper eyelid ptosis of various etiologies allowed optimizing the methodology for correcting this pathology. A method of relaxation of the tarsal plate before correction of ptosis of the upper eyelids of various etiologies has been developed, including exposure of the tarsal plate and stitching of the tarsal plate to the eyelid levator,

characterized in that the anterior surface of the tarsal plate is exposed, then two transverse parallel through-cuts of the tarsal plate are applied in projections of the edges of the limbs from the ciliary edge to the eyelid levator muscle with partial dissection of its aponeurosis to a depth of 1 to 2 mm, the stitching of the tarsal plate with the levator of the eyelid is performed by creating a duplicate of the tarsal plate with the levator of the eyelid or by suturing between the tarsal plate and the frontal muscle.

The Berke function definition allows you to choose which muscle to attach the tarsal plate to. In case of satisfactory, good and excellent function of the eyelid levator, fixation is carried out to the eyelid levator, in case of unsatisfactory function to the frontal muscle.

The proposed method of reducing the resistance of the tarsal plate is effective and provides good aesthetic and functional results. The method is low-traumatic, easy to perform and low-cost. Its effectiveness is high both in acquired postures and in congenital ptosis with a satisfactory and good function of the eyelid levator.

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