

## RESULTS OF SURGICAL CORRECTION OF BLEPHAROPTOSIS

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### Abstract

Consideration of the severity of biomechanical disturbances of vector forces in ptosis of the upper eyelid of various etiologies made it possible to optimize the method of correcting this pathology. 155 patients (197) with congenital and acquired ptoses of varying severity were operated on. A method has been developed to relax the tarsal plate before correcting ptosis of the upper eyelids. Determining the function according to Berke allows you to choose which muscle the tarsal plate should be attached to. In case of satisfactory, good and excellent function of the levator of the eyelid, fixation is carried out to the levator of the eyelid and in case of unsatisfactory function - to the frontal muscle. The proposed technique for reducing tarsal plate resistance is effective and provides good aesthetic and functional results. The method is low-traumatic, simple to perform and low-cost. Its effectiveness is high both in acquired ptosis and in congenital ptosis with resulting satisfactory and good function of the levator eyelid.

**Keywords:** blepharoptosis; ptosis of the upper eyelids; surgical correction; ophthalmopathology; tarsal plate.

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%).

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. In the comparison group, correction of ptosis of the eyelids was carried out without preliminary transverse intersection of the tarsal plate in order to relax it. The following operations were performed: upper blepharoplasty - 39 eyes (59.1%), operations with U-shaped sutures on the eyelid levator with the creation of a duplication - 18 eyes (27.3%), transverse resection of the eyelid levator

or together with a tarsal plate - 8 eyes (12.1%), suturing to the eyelid septum - 1 eye (1.5%).

The proposed method of relaxation of the tarsal plate before correction of ptosis of the upper eyelids of various etiologies was developed taking into account the vector forces of the levator and was implemented after receiving a high frequency of unsatisfactory operations in the comparison group. For an objective comparative analysis, the results of operations are given from the number of operated eyes. Accordingly, 66 eyes were operated on in the comparison group, and 131 eyes were operated on in the main group.

When performing corrective interventions for ptosis of the upper eyelids, the proposed method of relaxation of the tarsal plate allowed to increase the proportion of favorable functional and aesthetic results from 33.3% to 94.7% ( $\chi^2=86.022$ ;  $df=1$ ;  $p<0.001$ ), to reduce the likelihood of relapse from 60.6% to 5.3% ( $\chi^2=89.199$ ;  $df=1$ ;  $p<0.001$ ) and completely neutralize the risk of the formation of pathological lagophthalmos (6.1% in the comparison group;  $\chi^2=8,104$ ;  $df=1$ ;  $p=0.005$ ).

Taking into account the severity of biomechanical violations of vector forces in ptosis of the upper eyelid and the corresponding provision for reducing the resistance of the tarsal plate in combination with the optimization of its fixation option (to the levator of the eyelid or frontal muscle) during the correction of this pathology, allowed to increase the proportion of good and satisfactory results in congenital etiology from 36.4% to 94.8% ( $\chi^2=37.029$ ;  $df=1$ ;  $p<0.001$ ), and with the acquired form from 32.7% to 93.8% ( $\chi^2=18.554$ ;  $df=1$ ;  $p<0.001$ ), in turn, at the 1st degree of ptosis, the frequency of unsatisfactory results was reduced from 61.7% to 0% ( $\chi^2=29.694$ ;  $df=1$ ;  $p<0.001$ ), at the 2nd degree from 71.4% to 3.6% ( $\chi^2=36.307$ ;  $df=1$ ;  $p<0.001$ ), and at 3 degrees from 100% to 11.1% ( $\chi^2=22,222$ ;  $df=1$ ;  $p<0.001$ ).

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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