

Correction of upper eyelid entropion: Modified techniques are most welcome

Cicatricial entropion with trichiasis can be a challenging clinical problem to manage. This condition is caused by scarring of the tarsus and resulting inward rotation of the eyelid margin.

Multiple surgeries and techniques have been described, and the surgeon has to decide the best possible option for the given patient. A variety of techniques and biological materials have been used to reconstruct the disfigured eyelid margin.^[1,2] Tarsal wedge resection and gray-line splitting with mucous membrane grafting or an allograft allow for the correction of severe cicatricial entropion while providing a reconstructed eyelid margin at the same time. This has been particularly helpful in scarring due to Stevens–Johnson syndrome and trachoma.

The manuscript published in the issue of Indian Journal of Ophthalmology by Pandey *et al.* paper has some very salient features.^[3] All the surgeries were performed by a single surgeon. Multiple procedures could be done with a single incision. Conjunctival dissection was avoided – an important point to be considered in ocular cicatricial pemphigoid. A wedge excision of the tarsal plate can sometimes worsen the shortening of the tarsal plate, and this has been avoided in this study. Associated eyelid retraction could also be corrected, and most importantly, the corneal surface changes could be reversed. The schematic and intraoperative photographs are of good quality and are descriptive. In short, one could term this management as a single-shot, sure-shot procedure and the highlight is that it is minimally invasive.

Some points to be pondered and considered in this case series are as follows: (1) There is no clear mention whether trachoma was ruled out in these patients; (2) no. 11 Bard-Parker blade could have been used for a more precise cut along the

gray line; and (3) photographs of corneal changes pre- and postoperatively could have been provided. It is always a pleasure to learn modifications of surgical techniques from our colleagues and this article is one such example.

Lakshmi Mahesh

Department of Ophthalmology, Division of Orbit and Oculoplasty,
Manipal Hospital, Bengaluru, Karnataka, India.
E-mail: lakshmimahesh1@yahoo.com

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