

**APSORPS – APAO 1
Oculoplastics**

10 June 2006, Saturday, 0825-1000 Hrs
Room 301- 302, Level 3

**O301
SEBACEOUS CARCINOMA AND MUIR-TORRE
SYNDROME – THE SIGNIFICANCE OF DNA MISMATCH
REPAIR PROTEINS MLH-1, MSH-2 AND MSH-6 AND
P53 EXPRESSION**

Timothy Sullivan, Australia

Purpose: To analyze if the absence of DNA mismatch repair proteins in sebaceous carcinoma (SC) can be used to detect patients at risk of Muir-Torre Syndrome (MTS) and to analyze the significance of P53 expression in SC.

Methods: Retrospective study of 22 consecutive patients with periocular SC.

Results: Thirty-two percent of patients with SC had phenotypical MTS. Mismatch repair protein stains in SC were 29% predictive for phenotypical MTS. High P53 expression was associated with 33% incidence of metastasis. Ocular irritation was a common early symptom.

Conclusions: MTS is a potentially lethal autosomal dominant genodermatosis associated with visceral malignancies. We recommend all patients with SC be screened for MTS and visceral cancers. Patients with abnormal DNA mismatch repair enzyme, high P53 expression, or male sex should be considered at high risk of MTS.

**O302
SEBACEOUS GLAND CARCINOMA – CHALLENGES
IN DIAGNOSIS AND MANAGEMENT**

Georgina Kourt, Australia

Sebaceous Gland Carcinoma is a rare eyelid tumour in Australia accounting for less than 1% of periocular malignancies. It may present in a nodular form or in a diffuse infiltrative pattern. Diagnosis may be delayed due to misdiagnosis as the tumour may mimic benign conditions. A high index of suspicion is needed in all unilateral chronic eyelid conditions such as blepharoconjunctivitis and chalazia. Intraepitheloid Sebaceous Gland Carcinoma presents challenges not only in identification, but also in treatment. Five cases of Sebaceous Gland Carcinoma are presented from the Sydney Eye Hospital, each with a different presentation. Mapping biopsies are helpful in delineating the extent of intraepithelial disease. The use of Mitomycin is discussed as an adjunctive therapy for intraepithelial invasive Sebaceous Gland Carcinoma.

**O303
EYELID TUMOURS – TREATMENT OPTIONS**

Ross Bengier, Australia

A brief overview of treatment options, both well-established and newer options. The focus will be on treatment modalities and principles and not on specific surgical reconstruction techniques.

**O304
REHABILITATION OF 7TH NERVE PALSY**

Alan McNab, Australia

The ocular sequelae of facial palsy include corneal exposure, ulceration and scarring, paralytic lagophthalmos, lower lid ectropion and retraction, brow droop and epiphora. This presentation will summarise the oculoplastics interventions which can assist in the rehabilitation of 7th nerve palsy, with emphasis on:

- Upper lid surgery (levator recession and upper lid loading with gold weights)
- Lower lid surgery (lid tightening, lid and mid-face elevation with and without grafts)
- Lateral canthal surgery (lid tightening and tarsorrhaphy)
- Medial canthal surgery (posterior limb medial canthal tendon surgery, canthoplasty)
- Brow elevation (direct brow lift with periosteal fixation)
- Lacrimal drainage surgery (lacrimal bypass surgery, bypass tubes).

**O305
FRONTALIS MUSCLE FLAP FOR FRONTALIS
SUSPENSION**

Zafar Ul Islam, Pakistan

Purpose: To describe the technique and results of frontalis muscle flap advancement for jaw-winking ptosis.

Study design: Retrospective case series.

Methods: Seven cases of unilateral jaw-winking ptosis were corrected with frontalis muscle flap advancement after excision of levator muscle on the affected side.

Results: 5 of the 7 patients achieved good results with correction within 1 mm of opposite side after a follow up of 3-30 months. The asymmetry on down-gaze ranged from 1-5 mm. The main complication was mild transient forehead hypo-aesthesia in 3 patients. One patient had over-correction and lash ptosis, which resolved after repeat surgery.

Conclusions: Frontalis muscle flap advancement is an effective procedure when performed unilaterally for jaw-winking ptosis. It is simple, safe, and involves a single surgical field. Eyelid lag on down-gaze improves considerably over time, and the remaining

asymmetry between the two eyelids is cosmetically acceptable to most patients.

APSORPS – APAO 2 Lacrimal

10 June 2006, Saturday, 1020-1215 Hrs

Room 301-302, Level 3

O306

EXTERNAL VERSUS ENDONASAL DCR

Geoffrey Rose, UK

“External versus endonasal dacryocystorhinostomy” suggests a battle for supremacy amongst these procedures, but this is not the case: there is no question that external DCR, performed with as much primary intention healing of tissues as possible, provides a “platinum” standard. Endonasal DCR, or poorly performed external DCR — with more secondary intention healing of tissues — will always be a procedure with a lower anatomic and physiological outcome.

The issues of visibility of skin incisions, the difficulty with optimum endonasal positioning of the soft-tissue anastomosis, the problem with ring contracture of the anastomosis and the persistence of “volume” symptoms and signs will be discussed.

In practical terms, sutured external DCR remains the mainstay for patients with nasolacrimal duct who wish for the highest outcome with a single procedure; those undergoing endonasal surgeries should realise that there is a higher incidence of persistent symptoms and late failure, which might require further surgical intervention(s). Endonasal procedures may be of benefit for patients who are unable to stop anti-coagulants, but external DCR is definitely indicated for patients requiring lacrimal surgery after major midface trauma, patients with nasal anomalies, or where combined lid and lacrimal repair is required.

O307

LACRIMAL DRAINAGE OBSTRUCTION AND DACRYOCYSTORHINOSTOMY IN CHILDREN

Peter Martin, Australia

Purpose: To determine the outcome of DCR for lacrimal drainage obstruction in children.

Design: A Retrospective comparative, nonrandomized clinical study, and cross sectional questionnaire study.

Methods: A review of medical records of patients who underwent DCR at Sydney Eye Hospital from 1995 to 2004. 104 cases (84 patients) in paediatric age group.

Main outcome measures: Postoperative relief of symptoms, complications, subjective visibility of the scar and general satisfaction.

Results: Ninety four external DCR, 10 endoscope DCR, 5 revision procedures included. 54 cases were primary NLDO, and 48 were secondary NLDO. The mean follow-up was 1.44 years and Average age at surgery was 6.6 ± 4.2 years (mean \pm S.D.). All complications seen followed external DCR, with no complications following endoscopic DCR. Most complications were related to Jones tube placement. Five (4.8%) needed DCR revision. There was a significantly higher incidence of revision surgery in the non-stented group ($p < 0.01$), and the Jones tube group ($p < 0.001$) as compared with silicone stented group. The average patient visibility of scar was 1.89, and the average satisfaction rate was 4.33 on a scale of 1:5.

Conclusion: External and endoscopic DCR’s resulted in acceptable long term clinical and cosmetic results, and low postoperative complication rate. Cases with punctual stenosis or those requiring Jones tube insertion were associated with a higher complication rate. All cases that had silicone stenting remained asymptomatic.

O308

ENDOSCOPIC RADIOFREQUENCY-ASSISTED DACRYOPLASTY (ERAD) – LACRIMAL DUCT RECANALIZATION UNDER DIRECT ENDOSCOPIC VISUALIZATION

Reynaldo Javate, The Philippines

Today, we live in a surgical era which strives towards minimal trauma. Lacrimal surgery has seen this trend with the introduction of miniature telescopes which provide an alternative approach to the treatment of obstructive epiphora. DCR traditionally has been performed through an external skin incision between the lacrimal sac and the nasal mucosa. However, this procedure is invasive and carries the risk of intra and post operative complications including the risk of copious hemorrhage which have led to the search for a less invasive approach to the operation.

We described a new endoscopic procedure to restore the passage of tears in an obstructed lacrimal drainage system, in patients with Primary Acquired Nasolacrimal Duct Obstructions (PANDO) which I call the Endoscopic Radiofrequency-Assisted Dacryoplasty (ERAD). The equipments utilized in this procedure consist of a micro-endoscope (Karl Storz, Germany) with diameters of 0.9, 1.1, and 1.3 mm introduced into the upper punctum to visualize the level, extent and nature of the obstruction along the lacrimal drainage system, Ellman Dual RF Surgitron, dacryoplasty electrode which I have designed for this innovation, and the lacrimal trephine manufactured by Huco Vision SA.

Patients with complete and partial PANDO were randomly allocated to two treatment groups using completely randomized design. Group 1 were treated using ERAD; while Group 2 were treated using SE-DCR. Patients were then followed up for at

least 3 months and evaluated for anatomic and functional patency. Complications were also noted for both procedures.

With these apparatus, it is possible to visualize and remove partial or total obstruction (dense fibrous tissue) along the lacrimal drainage system.

Endoscopic Radiofrequency-Assisted Dacryoplasty is safe, simple, easy to perform, and as efficacious as Standard External Dacryocysthinostomy without major complications.

O309

TRANSCANALICULAR LASER-ASSISTED DACRYOCYSTORHINOSTOMY

Raoul Henson, The Philippines

Transcanalicular Laser-assisted dacryocystorhinostomy (TLA-DCR) is becoming a popular alternative for the surgical treatment of nasolacrimal duct obstruction. Since the 1990's, a variety of lasers have been used for TLADCR including the KTP, Nd: YAG, Holmium YAG and the argon laser. In our hospital setting, we have been using the diode laser for TLADCR since 2000. This is a report of our 5-year experience with this type of procedure. Mitomycin-C was also used intraoperatively and postoperatively as an adjunctive regimen and success rates were compared. Advantages and disadvantages of TLADCR will also be discussed as well as the use of the diode laser.

O310

CLINICAL FEATURES AND MANAGEMENT OF TUMORS AFFECTING THE LACRIMAL DRAINAGE APPARATUS

Timothy Sullivan, Australia

Purpose: To report the clinical features of a series of patients with lacrimal drainage apparatus tumors and present guidelines for management based on histopathology.

Methods: A non-comparative retrospective chart review of the clinical, imaging and pathological findings of 37 patients presenting to four regional orbital surgery departments with tumors affecting the lacrimal drainage apparatus between 1990-2004.

Results: There were 37 patients of whom 62% were male. The mean age at referral was 54 years. Epiphora, a palpable mass and dacryocystitis were the commonest presentations. Two-thirds of the tumors were epithelial with carcinomas being the most frequent (38%) followed by papillomas (27%). Lymphomas were the commonest non-epithelial malignancy (30%). Epithelial tumors were more common in males (87%) whereas lymphomas were more common in females (57%). Treatment modalities included surgery in addition to radiotherapy and/or chemotherapy, as well as immunotherapy. Mean follow-up was 38 months. Thirty-three

patients (89%) remain alive without evidence of disease and 4 patients died from recurrence and/or metastases.

Conclusions: Lacrimal drainage apparatus tumors require careful initial management to ensure adequate local and systemic disease control. Atypical mucosa encountered during dacryocystorhinostomy should be biopsied and small papillomas or pedunculated tumors excised and analyzed with frozen sections. If a diffuse or infiltrative mass is encountered, it should be biopsied and management based on the histopathology and extent of disease. Lymphomas should be treated according to protocols, while non-invasive carcinoma and extensive papillomas require complete excision of the system. Invasive disease requires en bloc excision. Long-term follow-up is essential for early detection of recurrence.

O311

LACRIMAL SURGERY WITH CRANIOFACIAL ANOMALIES

Geoffrey Rose, UK

Patients with craniofacial anomalies provide a particular challenge for lacrimal surgeons and the surgery requires experience of a wide range of available procedures. The anomalies can affect many parts of the lacrimal outflow tract, as well as the problem of abnormal contour or slant to the lower and/or upper eyelids.

Examples of the problems and management of this group of patients will be presented.

O312

CANALICULAR LACERATION – MANAGEMENT AND TREATMENT OUTCOMES

Alan McNab, Australia

Lacrimal canalicular laceration is one of the commoner oculoplastic emergencies, and may be the result of tractional forces or direct laceration of one or both lacrimal canaliculi. Published surveys of oculoplastic surgeons reveal a wide range of practices, with many electing not to repair a single lacerated canaliculus, especially the upper canaliculus. There is limited published evidence on the outcome of repair versus non-repair of the canaliculus, but good evidence on the relative contribution of each canaliculus to the normal drainage of tears, suggesting that in all but the very elderly, an attempt should be made to repair both the upper and lower canaliculus provided the chosen technique does not jeopardize the function of the opposite canaliculus or the common canaliculus. Treatment techniques include:

- Direct repair with a monocanicular stent (the simplest and most effective form available at present being the Mini-Monoka (FCI ophthalmics))
- Direct repair with ring intubation using pigtail probes

- Bicanalicular intubation through to the nose with Crawford or Ritleng tubes or similar.

Well planned and executed prospective studies on the repair of lacerated canaliculi are needed to clarify the role of immediate repair.

APSORPS – APAA 3

Orbit

10 June 2006, Saturday, 1315-1450 Hrs

Room 301- 302, Level 3

O313

THYROID ORBITAL DECOMPRESSION

Geoffrey Rose, UK

Orbital decompression is any procedure that reduces the “exophthalmic ratio”, which is the ratio of “the volume of orbital soft tissues” divided by “the volume limitation of the orbital boundaries”. The relative merits and disadvantages of fat decompression and bone decompression will be discussed in relation to patients with thyroid eye disease. The author’s technique for decompression of up to three orbital walls, through a minimal external incision at the outer canthus, will be described in detail.

The practical limitations of lid surgery in the presence of thyroid exophthalmos will also be illustrated, these limitations being a major drive towards the much greater usage of rehabilitative decompression in patients with this condition.

O314

MYOCYSTICERCOSIS OF THE ORBIT-CLINICAL SPECTRUM AND MANAGEMENT

Ashok Grover, India

Purpose: To analyze the clinical spectrum and the role of medical management in Orbital Myocysticercosis.

Methods: A retrospective study of the records of the patients diagnosed as Orbital myocysticercosis during the period from 1995 to 2006 presenting to the Oculoplastic services of Sir Ganga Ram Hospital, New Delhi.

Results: 161 patients were diagnosed as Myocysticercosis based on clinical presentation and imaging studies. The commonest modes of presentation were proptosis (64), diplopia (129), repeated episodes of redness and pain (85) at times simulating orbital pseudotumour or orbital cellulitis, subconjunctival cyst (17) and subconjunctival abscess (3). The diagnosis was established by imaging (CT, USG, MRI) which showed a cyst containing a scolex and surrounded by muscle thickening suggestive of inflammation. Some of the earliest cases were treated by surgical intervention. Oral Albendazole (30 mg/kg body weight) along with low dose steroids is now the mainstay of treatment. Most cases responded to

medical treatment. Clinical response begins in 1-2 weeks and most of the effect is achieved in 4-12 weeks through the resolution on imaging may take longer (3-9 months) and may never be complete.

Conclusion: Myocysticercosis one of the commonest causes of proptosis in India, with its varying clinical presentations is diagnosed by imaging studies. It responds well to medical management with oral Albendazole.

O315

IMAGING FEATURES OF OCULAR ADNEXAL LYMPHOPROLIFERATIVE DISEASE

Timothy Sullivan, Australia

Purpose: To evaluate the imaging characteristics of a cohort of patients with ocular adnexal lymphoproliferative disease (OALD).

Methods: A non-comparative retrospective review between 1992 and 1995, and prospective study from 1995 to 2005 of the clinical, imaging and treatment of 105 patients presenting to tertiary orbital referral centre presenting with OALD.

Results: One hundred and five patients (mean age 61 years, range 11-90 years) with equal gender distribution were included. Fifty three were primary and 52 were secondary. Computed tomography (CT) usually showed a well-circumscribed lesion of greater than brain density, moulding to adjacent tissues with moderate enhancement. Aggressive histology was associated with bone destruction, while moulding was associated with indolent histology ($p < 0.005$).

MRI in OALD showed intermediate signal intensity on T1 and T2-weighted images and moderate enhancement with gadolinium. Gallium scanning sensitivity to detect ocular adnexal disease was 25% and 57% for systemic involvement. Positron emission tomography (PET) upstaged (71%) of patients with systemic lymphoproliferative involvement, having a higher sensitivity than CT in detecting distant disease (86% vs 72%).

Conclusions: CT and/or MRI are essential in the evaluation of OALD and can be used to establish that an orbital lesion may be lymphoproliferative in nature. Further, these imaging modalities may predict the behaviour of the lymphoma in certain cases. Gallium scanning provides no additional information to CT and does not influence patient treatment. PET represents an important addition to the assessment of OALD with real impact on patient management.

O316

ORBITAL INFLAMMATORY DISEASE

Seah Lay Leng, Singapore

Clinical definition of Orbital Inflammatory Disease based on anatomic location, histopathologic features and systemic associations has become increasingly specific. Data obtained from retrospective chart

review of cases diagnosed as Non-Thyroid Orbital Inflammation (excluding lymphoproliferative disorders and acquired inflammation) treated at the Singapore National Eye Center during the period 2001-2005 provided us better understanding of the disease pattern and treatment response of this condition in our community. The common presenting features of acute and subacute inflammation when disease onset was less than one month were pain, redness and edema. Inflammation with gradual and chronic onset often presented with swelling or mass effect. Extra-ocular muscles and lacrimal glands were the two most commonly involved orbital tissues in acute and chronic inflammation respectively.

Tissue biopsy was performed in most cases except for newly isolated myositis, known systemic lupus erythematosus and most apical inflammation. Specific inflammation defined by either specific histopathology, local or systemic findings were more common in chronic diseases.

Corticosteroids were instituted as first line treatment for most cases with variable response. Other therapy included anti-inflammatory drugs and immunosuppressants for specific indications. Increasing diagnostic specificity by immunopathologic techniques modified treatment option for some cases of chronic recalcitrant inflammation and had resulted in encouraging treatment outcome.

O317
PARTIAL REMOVAL AND PLASTIC SURGERY OF ORBITAL PLEXIFORM NEUROFIBROMA

Fan Xian Qun, China

Purpose: To investigate the safety and efficacy of surgical management of plexiform neurofibroma.

Methods: 22 patients (male 16, female 6) with plexiform neurofibromas have thickened, hypertrophied, and pendulous of the soft tissue of the lid, periorbita, and the face. The lid had aropy feel and the globe was proptotic, enophthalmos, or downward displacement. Twelve patients had absence of portion of the spheroid wing and lateral orbital wall. Five cases were associated with the cranial lesions and defect of the orbital roof. Fifteen patients had decreased vision, light perception, or loss of vision. All patients were treated with partial removal and plastic surgery which including remove the lesions of lid, periorbita, and intraorbita, shorten the lid, canthoplasty, blepharoptosis repair, orbital reconstruction, and orbitocranial reconstruction.

Results: The average follow up time was 10 months. The drooping of the upper lid, the globe displacement, and canthus deformities were corrected. The satisfactory cosmetic results were obtained in 19 patients. The significant postoperative hemorrhage occurs in one case in the third day.

Conclusion: The partial removal and plastic surgery of plexiform neurofibroma is safety and efficacy.

APSORPS – APAO 4
Aesthetic

10 June 2006, Saturday, 1515-1715 Hrs
Room 301-302, Level 3

O318
LOWER EYELID BLEPHAROPLASTY – PEARLS AND PITFALLS

Robert Goldberg, USA

Eyelid bags do not have a single anatomic basis. For different anatomic problems, different treatment is recommended; for example, transconjunctival blepharoplasty for fat prolapse, radiofrequency eyelid sponge thermoplasty (REST) for eyelid fluid, botulinum toxin for orbicularis overaction, laser resurfacing for skin laxity, and fat repositioning, fat injections, or midface lift for deep tear trough. A problem solving, analytic and versatile approach to lower eyelid rejuvenation is required to create for each patient an individualized surgical plan.

O319
ETHNIC CONSIDERATIONS IN BLEPHAROPLASTY

Geoffrey Gladstone, USA

Different ethnic groups have differing ideals with regard to beauty. Even within a given ethnic group what is desirable for one individual may not be attractive to another.

An oculoplastic surgeon must take these differences into consideration to properly evaluate and perform cosmetic and functional blepharoplasty surgery. Important aspects of patient evaluation and key differences in the surgical approach will be discussed.

O320
TISSUE FILLERS AND BOTOX IN THE FACE

Robert Goldberg, USA

Concepts for rejuvenation of the periorbital complex continue to evolve. Historically, periorbital aging was viewed as a problem of excess skin and fat, and paradigms of rejuvenation focused on removing skin, muscle, and fat from the upper and lower eyelids. Our concepts of periorbital aging now include deflation, bony contour changes and asymmetry, globe position, cheek and eyebrow relationships, and skin elasticity. A plan for rejuvenation of the periorbita begins with a detailed assessment of the relative role of these different factors, and the treatment plan is individualized. Treatment options might include upper facelift, traditional blepharoplasty, fat repositioning, midface lift, Botox, and volume restoration with implants, fat, or fillers.

O321

MANAGEMENT OF THE ASIAN EPICANTHAL FOLD

Yoon-Duck Kim, Korea

Epicanthus is a semilunar fold of skin extending from the upper eyelid across the medial canthal area to the lower eyelid. A prominent epicanthal fold is one of the typical ethnic characteristics of Asian eyelids. It has been suggested that epicanthus represents an imbalance between the underdeveloped nasal root and horizontal skin excess, relative to the vertical skin shortage, in the medial canthal area. According to the anatomic study, insertion of superficial fibers of the medial canthal ligament and orbicularis oculi muscle running through the fold is the most important cause for creation of the Asian epicanthal fold.

An Asian epicanthoplasty is commonly used as an ancillary procedure to a double eyelid operation to make the eyes more beautiful and bigger. Many surgical techniques have been described to eliminate epicanthal folds. The most common procedures are varieties of Z-plasty transposition flaps or Y-V advancement procedures.

For the patients with severe epicanthal folds usually perform the Y-V plasty. The bigger amount of correction is achieved, but the scar in the medial canthal area is unavoidable with this technique. Park's Z-epicanthoplasty or root Z-epicanthoplasty can be applied for mild to moderate epicanthal fold. These techniques give the good cosmetic appearance and minimal scarring. However, the skin flap design is still confusing and complicated.

I usually use simple technique of small skin incision and anchoring to the medial canthal tendon for the patients with mild to moderate epicanthal fold.

In conclusion by performing epicanthoplasty alone or with a double-eyelid operation enhances the aesthetic result by lengthening the horizontal palpebral fissure and producing a larger looking eye.

O322

AVOIDING COMPLICATIONS IN AESTHETIC SURGERY

Geoffrey Gladstone, USA

Aesthetic surgery can be satisfying for the surgeon and the patient. Occasionally, poor results or unattained patient expectations make the experience less satisfactory. The patient interview, the patient evaluation and the surgery itself are all important components that allow a successful outcome. This presentation will highlight the important aspects of these areas as it applies to cosmetic facial surgery.

O323

RHINOPLASTY FOR THE OCULOPLASTIC SURGEON

Darmayanti Siswoyo, Indonesia

Purpose: To show that rhinoplasty is worth to be performed by oculoplastic surgeon to promote the cosmetic result of several procedures in eyelid as well as orbital reconstructions, such as blepharophymosis syndrome, epiblepharon and blepharoptosis with epicanthus and naso-orbital fracture with nose-bridge flattening.

Methods: Rhinoplasty procedure was performed in a one stage surgery along with eyelid or orbital reconstruction. Two different types of rhinoplasty could be done by oculoplastic surgeon, the first one is partial rhinoplasty just to augment the nose-bridge in cases with flattened nose-bridge and high nose tip. The second one is complete rhinoplasty to augment the nose bridge, dorsum and tip of the nose. Material to be used, autogenous rib bone graft or ear cartilage should be used for children, while synthetic material could be used for adult. The incision for partial rhinoplasty through Y – V incision while doing epicanthal fold correction, and for complete rhinoplasty the incisions are along the inner rim of the nose and along the columella to insert the bone graft or synthetic material.

Result: Since 1998, 14 rhinoplasty procedures have been done along with 9 eyelid surgeries and 5 orbital reconstructions. Rhinoplasty exactly promote the cosmetic result in 7 blepharophymosis cases who underwent rhinoplasty, 5 partial rhinoplasty, 2 cases with autogenous rib bone graft, 1 case with ear cartilage graft, 2 cases with synthetic material, 2 cases underwent complete rhinoplasty using synthetic material in 1 case and the other one using autogenous bone graft. 1 patient with epiblepharon and epicanthal fold underwent complete rhinoplasty using synthetic material. 1 case with blepharoptosis and epicanthal fold underwent complete rhinoplasty with synthetic material. 5 patients with orbital reconstructions have been done partial rhinoplasty in 4 cases, 3 cases with autogenous rib bone graft, 1 case with synthetic material while the other one underwent complete rhinoplasty with synthetic material.

Conclusion: Rhinoplasty promote the cosmetic result of several eyelid and orbital reconstructions and it is worth to be performed by oculoplastic surgeon.