



DERMATOLOGICAL SURGERY

TWO-STAGE RECONSTRUCTION OF A FULL-THICKNESS DEFECT OF THE LOWER EYELID WITH COMBINED HUGHES FLAP AND TRIPIER FLAP

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Background: Full-thickness defects of the lower eyelid after tumor excision needs separate reconstruction of posterior and anterior lamellas. The goals of eyelid reconstruction include restoring eyelid structure to preserve its cosmetic appearance and its function, preventing epiphora and ectropion. Several reconstructive techniques with flaps and grafts for each lamella are in use to accomplish these goals with acceptable aesthetic results. Despite grafts can lead to good outcomes, they cannot be used for repair both lamellas and are less reliable than flaps, particularly in large defects.

Observation: An 83 year-old female was submitted to wide excision of a basal cell carcinoma affecting 2/3 of the length of lower eyelid. Full-thickness surgical excision was performed, including inferior punctum lacrimalis and inferior lacrimal duct. Reconstruction was done in a two-stage procedure. First stage of surgery involved combination of tarsoconjunctival flap (Hughes flap) harvested of the upper eyelid to repair the posterior lamella and a myocutaneous bipediced flap (Tripiier flap) also from the upper eyelid to repair the anterior lamella. Division of all flaps pedicles was performed after 4 weeks and the remaining tarsus and conjunctiva were replaced to the upper eyelid with a satisfactory functional and cosmetic outcomes.

Key-message: The tarsoconjunctival flap transposition provides high functional and aesthetic results for full-thickness lower eyelid defects involving more than 50% of the eyelid margin. It is a frequently utilized technique combined with reconstruction of the lower eyelid anterior lamella by using a skin-muscle advancement flap or free full-thickness skin graft. In this case both lamellas were repaired with flaps as it remains more safe and reliable for large defects of lower eyelid.

