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Analysis of Detecting the Frequency and Cause of Eyelid Deformation in Women of Reproductive Age

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ABSTRACT

The article describes the methods of surgical correction of deformities and the benefits of postoperative rehabilitation in women of childbearing age who suffer from drooping eyelids with age. The problem of treating patients is associated with the need to preserve or simultaneously restore the shape and function of the eyelids, normal anatomical relationships between tissues, and aesthetically acceptable facial contours. The increase in demand for aesthetic operations has contributed to the active development of plastic surgery in Uzbekistan. In the literature sources studied by us, little attention is paid to the methods of surgical correction of eyelid deformities. All of the above served as the basis for conducting research and developing a comprehensive system for the rehabilitation of patients with eyelid deformities and defects.

Relevance. The main issue of rehabilitation of women of childbearing age with eyelid defects is associated with the need to preserve or simultaneously restore the shape, functions of the eyelids, and normal anatomical tissue ratios. According to the etiology, defects are congenital and acquired, different in clinical manifestations and functional disorders, but in almost all cases they entail psychological problems due to deterioration in the appearance of a person and a decrease in the quality of his life [1, 6, 16, and 19].

Thus, congenital deformities of the eyelids and soft tissues of the periorbital region occur with oblique nasoorbital or oroorbital atypical facial clefts and are quite rare (1:100,000) malformations. A feature of the treatment of such patients is the impossibility of complete elimination of complex deformities using only the maxillofacial or ophthalmic approach, since most of these defects are characterized by ectropion, eversion, eyelid colobomas, micro- or anophthalmia, naso-maxillary hypoplasia, impaired lacrimal apparatus, deformities of the

zygomatic-orbital complex [4, 10, 15].

In the general structure of injuries, injuries of the maxillofacial region account for about 40% and tend to increase by an average of 2% per year, with the majority of victims aged 20 to 50 years, that is, in the period of greatest working capacity. Capacity [3, 9, 12,]. Among patients with damage to the bones of the facial skeleton, the zygomatic-orbital complex accounts for 37.5%. Fractures are combined with damage to the eyeball in 6.6% of cases [2, 8, 18, 20].

Post-traumatic eyelid defects represent a certain complexity of reconstruction [7, 13, 17]. There are practically no methods of prevention of these defects and methods of restorative treatment after blepharoplasty operations in the literature. The questions of the rational choice of the donor zone for tissue sampling or cutting out flaps remain open in terms of sufficiency of volume, viability, aesthetic compliance, the possibility of simultaneous use of various implants or grafts to recreate or strengthen the supporting structures of the eyelids. [5, 11, 14].

Thus, all of the above served as the basis for conducting research and developing a system for the complex rehabilitation of patients with acquired and congenital eyelid defects.

Purpose of the study. Improving the effectiveness of rehabilitation methods after surgical correction of eyelid deformity in women of reproductive age.

Materials and research methods. The study is based on the analysis of clinical observations and the results of surgical and restorative treatment of 55 patients with congenital and acquired eyelid deformities and defects. All patients were divided into 2 groups depending on clinical manifestations and the presence of tissue failure. Before the operation, all patients underwent a general clinical examination, which included: X-ray of the chest organs, ECG, general and biochemical blood tests, urinalysis.

Obtained results. It was noted that with superficial defects of the eyelids in patients of the first group (28 people), regardless of the area of damage, autotransplantation of a free skin flap followed by early mechanical dermabrasion is effective. The most difficult for reconstruction were patients with marginal defects of the eyelids (2.9%), who required the restoration of all layers of the eyelid and the ciliary margin. Thanks to the use of an improved method for eliminating the marginal defect, in all cases it was possible to eliminate lagophthalmos, achieve the correct shape, good fit of the injured eyelid to the eyeball in 2-3 stages, including strengthening the lower eyelid and free autotransplantation of hair follicles without complications.

With total, subtotal and large defects of the eyebrow, the use of a classic temporal arterialized flap on a hidden vascular pedicle and autotransplantation of small graft flaps containing 1-2 hair follicles turned out to be optimal.

The succession of specialists, joint work with an ophthalmologist and a combination of various operations (dacryocystorhinostomy with reposition and/or plasty of the inner corner of the eye, elimination of lagophthalmos with correction of symblepharon) made it possible to reduce the number of stages and, accordingly, the rehabilitation period in patients with functional disorders of the organ of vision.

In patients of the 2nd group (27 women) with involutional deformities of the eyelids after various types of Epstein-Barr virus in the early and late postoperative period and/or broupexy, no negative changes in the anatomical and optical parameters of the eye were detected. The use of the improved method of the Epstein-Barr virus in 22.9% of patients improved the distribution of the skin after its excision and formed a natural “soft” fold of the upper eyelid. Additional resection of the muscle area at the outer corner of the eye contributes to the ideal distribution of tissues without the formation of external cones.

In patients with deformity, hypoplasia or aplasia of the upper eyelid fold, it was possible to obtain optimal results with a combination of techniques: 1) improved EBV, 2) sparing tissue resection; 3) septo-aponeurotic fixation during the formation of the fold; 4) dissection of the oblique fibers of the tarsoorbital fascia. However, with blepharochalasis, strong bonds after such techniques persisted only for 6–8 months, then the depth and clarity of the fold slightly decreased, and after 1, 3, and 5 years, the folds had characteristic signs of hypoplasia.

As the analysis of the obtained results showed, in 37.5% of patients of the 2nd group, who had a risk of developing eyelid retraction, a change in surgical tactics was required. The use of improved NEB in these patients significantly improved the aesthetic result and avoided postoperative eyelid retraction, despite the fact that chemosis and lymphostasis were observed in the early postoperative period in 11% of cases. Strengthening of the lower eyelid with an Ecoflon PTFE implant or autologous auricular cartilage allowed maintaining a stable position of the eyelid and a good fit to the eyeball in case of tissue hyperelasticity and hypotension of the eyelids. Such an approach was effectively used in all 19.7% of patients with involutional deformities of the eyelids in combination with contouring of the zygomatic tissue, including its partial planar resection. In 1.9% of patients with involutional changes of the lower eyelids II or III degree without fatty "hernias", the optimal result was achieved with the use of mechanical dermabrasion. In these cases, this method can be considered an alternative to the NEB and undeservedly forgotten.

In 9.6% of patients of the 1st group with a tendency to the growth of hypertrophic scars on the skin, soreness and itching, Bucca therapy was the most effective, which was used once in 3.9% of cases, twice in 7.9% of patients. Based on the results of our own observations and literature data, we consider it appropriate to use Bucca therapy in the early postoperative period: 1) as an independent type of treatment; 2) as a preventive procedure or 3) as the final stage of rehabilitation measures. In all patients with mobile scars on the eyelids, full rehabilitation was achieved 1.5-2 months after the operation.

With cicatricial contractures and slightly displaced pathological scars (11.6%), the combined use of local injections of the steroid drug "Diprospan" or the drug "Longidase 3000 IU" with ultraphonophoresis and / or local compression therapy with silicone pads "Cyca-care", myogymnastics and self-massage. Comprehensive rehabilitation treatment made it possible to completely eliminate cicatricial contractures in more than 2/3 of patients in 2-3 months, and in patients who refused rehabilitation treatment, rehabilitation took 4-6 months.

According to the developed criteria, good results were obtained in 90.3% of cases, satisfactory – in 8.5% of patients and unsatisfactory – in 1.2% of patients of the 2nd group. Limited results are characterized by minor deformities of the contour, noticeable scars on the face and partial recurrence of dystopia of the corners of the eye without functional impairment of the organ of vision. Unsatisfactory results are associated with necrosis of the free skin flap, the preservation of residual or the appearance of secondary cicatricial deformities, which were subsequently eliminated during repeated operations.

Conclusions. Summing up, we can briefly formulate the components of a good result of complex rehabilitation of patients with congenital and acquired deformities of the eyelids and soft tissues of the periorbital region: planning surgical correction taking into account the anatomical and functional features, risk factors for the formation of eyelid retraction, 3) a pathogenetic approach to the choice of surgical technique that allows eliminate all causes of deformation as much as possible; 4) accurate performance of surgical technique with a tendency to preserve and replenish the volume of tissues, supporting structures of the eyelids, and 5) a differentiated approach to restorative treatment and the use of effective methods, taking into account hemomicrocirculatory disorders.

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