

Palmaris longus tendon assisted temporalis muscle transfer for lagophthalmos

Dear Sir,

I read with interest the article by Gupta *et al.*,^[1] although it was just a chance encounter of the article and the journal. I recalled having been shown by my colleague (Dr. Ayyappa T-Personal Communication) a video CD recording of his leprosy patient who was unable to close his eye treated by a combination of the fleshy temporalis muscle and the palmaris longus tendon. The tendon was tied to some fibers of the temporalis muscle and was split into two parts which were passed through the eyelids to meet at the medial canthus of the eye where they were tied to the medial canthal ligament avoiding trauma to the lacrimal sac. Only a passing reference has been made to the use of the palmaris longus by Gupta *et al.* 2014.^[2]

The palmaris longus is one of the most variable muscles of the human body^[3] and this fact must be kept in mind by any surgeon contemplating its use in reconstructive surgery. Temporalis muscle along with its fascia is a popular graft for interpositional arthroplasty in temporomandibular joint ankyloses;^[4,5] this surgery may also lead to lagophthalmos. One purpose of any tendon is to allow a muscle to act at a distance without increasing the bulk of the muscle; this is well served by the combination of the palmaris longus tendon and the fleshy temporalis muscle. Use of this combination, however, poses one question: For how long the patient has to open and close the mouth to open and close the eye-is it possible to delink these two activities? Similar question may be asked for hypoglossal-facial and spinal accessory-facial anastomoses: For how long the patient has to move the tongue or to raise the shoulder to express?

Anatomists (and other basic medical scientists) are always keenly interested in close interaction with their clinical counterparts particularly surgeons as their experiences and experiments benefit all the parties concerned including their patients and students.

Hasmukh Ajitray Buch

Department of General Human Anatomy, Faculty of Dental Science, Dharmsinh Desai University, Nadiad, Gujarat, India

Correspondence to: Dr. Hasmukh Ajitray Buch, Faculty of Dental Science, Dharmsinh Desai University, Nadiad - 387 001, Gujarat, India. E-mail: drhabuch@gmail.com

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