

## Response to comment on: Upper eyelid levator-recession and anterior lamella repositioning through the gray-line – Avoiding a skin-crease incision

Sir,

We thank the authors<sup>[1]</sup> for taking the time to read our paper<sup>[2]</sup> and for their valuable observations. The authors suggest a skin-crease approach which improves navigation to the lid margin. We would agree that for inexperienced surgeons, a combined approach improves accuracy. However, this technique is an option for more experienced surgeons interested in avoiding a skin incision. In our experience, accurate dissection at the lid margin can only be initiated with accurate placement of a lid margin incision. Approaching the lid margin purely through a skin crease leads to inadvertent exit through the skin or tarsus. With more experience, once past the lid margin, lamella dissection can be easily continued purely through a lid margin approach, thus avoiding a skin-crease incision. This approach is mainly indicated for cicatricial margin entropion. In such cicatricial cases, we would question the rationale for performing concurrent blepharoplasty as mild/moderate dermatochalasis would have no consequence to the outcome of correcting cicatricial margin malposition. This approach is obviously inappropriate for cases with severe dermatochalasis, and we specifically excluded cases from this series who required a concurrent blepharoplasty. We agree that the case with dermatochalasis in your report would perhaps benefit from a small concurrent blepharoplasty, and therefore, a skin-crease incision would provide further exposure.<sup>[3,4]</sup> A skin-crease reformation, if required, is not necessarily an indication for a skin-crease incision. This can easily be performed

without a skin-crease incision in a “closed” manner by simply passing double-armed sutures from the aponeurosis through to the skin crease.

We presented our series purely to remind readers that septum release and levator recession can be performed through a grey - line approach, where a blepharoplasty is not planned.

### Financial support and sponsorship

Nil.

### Conflicts of interest

There are no conflicts of interest.

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| <b>Quick Response Code:</b>  | <b>Website:</b><br>www.ijo.in         |
|  | <b>DOI:</b><br>10.4103/ijo.IJO_384_18 |
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**Cite this article as:** Pandey N, Jayaprakasam A, Feldman I, Malhotra R. Response to comment on: Upper eyelid levator-recession and anterior lamella repositioning through the gray-line – Avoiding a skin-crease incision. *Indian J Ophthalmol* 2018;66:726-7.

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