

## Commentary: Using newer technology for an unresolved clinical dilemma

Migration of the orbital implant is an infrequent but difficult complication following enucleation/evisceration with orbital implant. It is more frequently associated with enucleation technique where the extraocular muscles are imbricated in front of the spherical non-integrated orbital implant.<sup>[1]</sup>

In smaller degree of migration, it is still compatible with prosthesis, however when the implant migration is of greater degree, it can cause difficulty in prosthesis retention, shallowing of fornices, lid malposition, and of course reduced motility of the prosthesis.<sup>[2]</sup> Unfortunately, the treatment options like implant exchange and dermis fat graft have their own drawbacks<sup>[3,4]</sup> like recurrence and graft necrosis.

As of now we do not have a means to 'push' these migrated implants back in their original intended position and maintain that pressure so that the implant does not slip back in the extraconal space. A 3-D printed Patient Specific Implant (PSI)

indeed is indeed a brilliant idea that serves this purpose.<sup>[5,6]</sup> Because of the custom contouring of the PSI, its base snugly fits into the infero-temporal basin contour of the orbit. This stable implant is rock steady in there and maintains constant pressure on the re-centered implant to remain the designated orbital position. Customizing the implant also gives an opportunity to adjust the height of the implant to control the amount of displacement for the migrated implant.

The authors deserve special credit for conceptualizing a treatment modality that is beyond the four walls of clinic, involving the expertise of 3-D printing and collaborating with Ocularistry services to get PSIs. This multidisciplinary approach to solve a clinical dilemma will surely inspire rest of us to use this technology for more such situations where there is no optimal management guideline at present.

This study also highlights the fact that prevention is better than cure. Even after using the best possible resources like 3-D printing of orbit and customizing the implant, the motility of the prosthesis does not match the motility of prosthesis over an optimal implant.<sup>[6]</sup>

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