

Single-stage surgery for Blepharophimosis syndrome

Dear Editor,

At the outset I thank the reader for his comments on the Original article 'Single stage surgery for Blepharophimosis syndrome' and appreciate the interest and valuable comments.

The authors found that the single-stage procedure is a useful procedure and has several advantages over the multistage procedure such as need for only one surgical option, decreased hospitalization and recovery time, more cost-effective, and potentially less anxiety for patients. Moreover, single-stage surgery seems to be a better option when follow-up losses are a factor worth mentioning in the case of multistage surgery for Blepharophimosis syndrome (BPS).^[1]

In the present study all patients were above 6 years of age, having all four classical signs of BPS. As fascia lata is well developed after 4 years of age, the authors had used it as a sling material, as till date, fascia lata is the best available sling material and scores much above silicon rod.

Moreover, to treat horizontal phimosis, lateral canthoplasty was done in addition to medial canthal surgery as all these patients had both medial and lateral canthal anomalies. Lateral canthoplasty is a useful method to restore eyelid function in horizontal phimosis and success of the procedure depends on proper knowledge and analysis of peri-orbital anatomy as it relates to the specific indication for lateral canthoplasty. It not only gives good functional correction, but also aesthetic improvement. It is a recommended surgical technique as has also been reported by Wu *et al.*^[2] However, medial canthopexy is done in mild cases of palpebral phimosis and not suitable in patients with wide telecanthus and prominent anterior lacrimal crest requiring removal of excess bony tissue with bone punch.

It is a known fact visual field analysis is very difficult in children. In the present study all patients were school goers, above 6 years of age, and cooperated well with the kinetic visual field analysis with a Humphrey Visual Field Analyzer. Kinetic study of the tested eye was done initially with the eye at rest and then repeated with the lid elevated by taping it to demonstrate potential correction by the proposed ptosis corrective surgical procedure.

Patients with BPS seen by the authors 7 years prior to the study period were treated by the conventional multistage procedure. At that time the authors experienced a very high percentage of follow-up losses following the first surgical procedure and refusal for the next stage of surgery either due to emotional factors or refusal to multiple exposures to general anesthesia and associated systemic involvement, difficult airway, and rarely with congenital heart disease. This made the authors aware and as such the single-stage surgical technique has been done to address all the shortcomings of the multistage surgical procedure. The authors conclude that the single-stage surgical procedure for BPS offers good and stable cosmetic correction and functional results with shortened treatment time.^[1]

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