

# Myocutaneous Flaps and Canthopexy for Repair of Severe Cicatricial Ectropion

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In selected cases, the particular combination of myocutaneous flaps with canthopexy is an effective technique for repair of severe cicatricial ectropion. It incorporates the well-known benefits of myocutaneous flaps with a canthopexy suspension suture, thereby avoiding some of the potential complications of full-thickness horizontal shortening procedures.

Local myocutaneous flaps provide good cosmesis as they maintain their original color and texture after their transfer and, if made to follow the relaxed skin tension lines, should result in inconspicuous scars.

The incorporation of a canthopexy suspension suture to correct horizontal laxity has a number of potential advantages over the commonly used lid-shortening procedures such as wedge resection and canthotomy. In particular, canthopexy avoids the possibility of lid notching, lateral displacement of the punctum, phimosis of the lid, and distortion of the canthal angle.

Suitable patients must have sufficient upper eyelid dermatochalasis to allow for an adequate myocutaneous donor flap. Depending on the

nature of the ectropion, medial, lateral, or bipedicle myocutaneous flaps may be used.

Bipedicle myocutaneous flaps in particular have the functional advantage of forming a sling supported by the upper lid. The passive inward and upward propensity of the sling and a dynamic mechanical support provided by the orbicularis muscle both work to counteract the downward and outward effect of the ectropion.

One constraint associated with this technique is its dependency on a certain degree of upper lid redundancy. Additionally, unilateral procedures may result in less cosmetically acceptable asymmetrical unilateral blepharoplasty.

Overall, however, this procedure provides excellent results in patients with severe cicatricial ectropion with accompanying upper eyelid dermatochalasis and horizontal lid laxity (Figs. 202.1, 202.2, and 202.3).

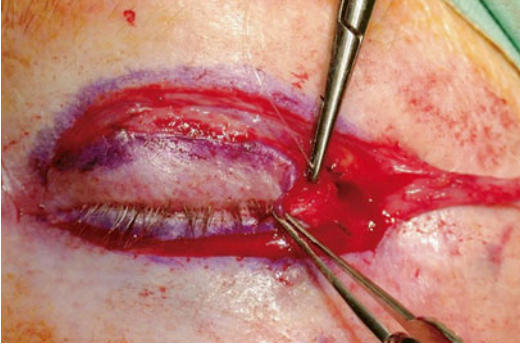


**Fig. 202.1** Lateral ectropion

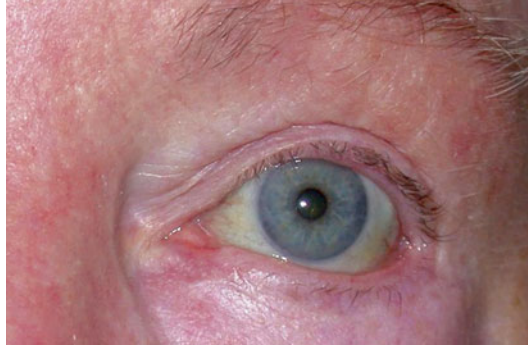
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**Fig. 202.2** Myocutaneous flap and canthopexy suture



**Fig. 202.3** Postoperative appearance at 12 months