LETTERS

Upper eyelid platinum weight placement for the treatment of paralytic lagophthalmos: A new plane between the inner septum and the levator aponeurosis

Alan A McNab, Ric Caesar

Orbital Plastic and Lacrimal Clinic, Royal Victorian Eye and Ear Hospital, East Melbourne, Australia

Correspondence: Alan A McNab
Orbital Plastic and Lacrimal Clinic, Royal Victorian Eye and Ear Hospital, Suite 216, 100 Victoria Parade, East Melbourne 3002, Australia
Tel: +61-3-9654-3500, Fax: +61-3-9654-3533, E-mail: amcnab@bigpond.com

No potential conflict of interest relevant to this article was reported.

Received: 16 Jun 2018 • Revised: 1 Oct 2018 • Accepted: 1 Oct 2018
pISSN: 2234-6163 • eISSN: 2234-6171
https://doi.org/10.5999/aps.2018.00731 • Arch Plast Surg 2018;45:598

Letters

Dear Editor,

We have read the recent article by Oh et al. [1] entitled "Upper eyelid platinum weight placement for the treatment of paralytic lagophthalmos: a new plane between the inner septum and the levator aponeurosis" and wished to draw the attention of the authors and the journal's readership to a significant oversight in the paper. Oh et al. [1] describe placing a platinum weight secured to the superior border of the tarsal plate after opening the orbital septum to expose the levator aponeurosis, and leaving the upper part of the weight resting on the levator apparatus. They claim this reduces implant visibility, implant exposure, and entropion. They also claim that this is "a compelling new technique for correcting lagophthalmos…[and] may be a new standard for determining the incision and dissection plane for platinum weight insertion."

We would agree with the first assertion. We published a paper in 2004 [2] describing a surgical technique for the insertion of upper lid gold weights in paralytic lagophthalmos that is effectively identical to the technique described in the paper of Oh et al. [1] We described suturing the weight to the superior tarsal border after opening the orbital septum and then attaching the upper hole of the three-holed weight to the levator aponeurosis, behind the opened orbital septum. We found that the technique was effective in maximizing the long-term functional and cosmetic success of upper lid loading with gold weights. There is clearly no difference in technique between us and Oh et al., [1] regardless of whether the material used for the weight is gold or platinum.

We disagree with the assertion that Oh et al. [1] have described a new technique. Our paper is easily found on MEDLINE searches and has been cited on at least 20 occasions in related publications. Authors should take care when claiming that a technique or observation is novel and make every effort to thoroughly search the relevant literature.

References

1. Oh TS, Min K, Song SY, et al. Upper eyelid platinum weight placement for the treatment of paralytic lagophthalmos: a new plane between the inner septum and the levator aponeurosis. Arch Plast Surg 2018;45:222-8.
2. Caesar RH, Friebel J, McNab AA. Upper lid loading with gold weights in paralytic lagophthalmos: a modified technique to maximize the long-term functional and cosmetic success. Orbit 2004;23:27-32.

Response to Letter: Upper eyelid platinum weight placement for the treatment of paralytic lagophthalmos: A new plane between the inner septum and the levator aponeurosis

Tae Suk Oh, Kyunghyun Min, Sin Young Song, Jong Woo Choi, Kyung Suk Koh

Department of Plastic and Reconstructive Surgery, Asan Medical Center, University of Ulsan College of Medicine, Seoul, Korea

Correspondence: Tae Suk Oh
Department of Plastic and Reconstructive Surgery, Asan Medical Center, University of Ulsan College of Medicine, 88 Olympic-ro 43-gil, Songpa-gu, Seoul 05505, Korea
Tel: +82-2-3010-3607, Fax: +82-2-476-7471, E-mail: tasuko@amc.seoul.kr

The article was presented at PRS Korea 2015 on November 13-15, 2015 in Seoul, Korea.

No potential conflict of interest relevant to this article was reported.

Received: 15 Oct 2018 • Revised: 20 Oct 2018 • Accepted: 20 Oct 2018
pISSN: 2234-6163 • eISSN: 2234-6171
https://doi.org/10.5999/aps.2018.01207 • Arch Plast Surg 2018;45:598-599

First, I would like to thank you for your interest in and comments on our paper.

In your study, it is stated that "the levator aponeurosis was dissected free from the anterior tarsal surface." We think that this statement is ambiguous, and interpreted it as indicating that sufficient dissection was performed to fix the gold weight to the levator aponeurosis. It seems that this would require wide dissection, which may lead to unintentional damage to the levator aponeurosis or adjacent tissue. Moreover, the space between the preaponeurotic space and the levator aponeurosis would be very narrow for suture fixation of the uppermost central portion of the levator aponeurosis to the gold weight, and as a result, this could be a traumatic procedure.

In contrast, we performed minimally invasive slit dissection through the tarsal plate to fix the tarsal plate instead of releasing the levator. The width and height of the plate were accurately measured, and the pocket was made and inserted according to the measurements. We also did not fix the uppermost portion of the weight because we created the pocket correctly. Therefore, the plane and the fixation procedure both seem to be different from those described in your study.

Thank you.