

Frontalis muscle flap VS maximal levator resection for correction of severe ptosis with poor levator function

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Purpose: To compare long-term follow up of two different surgical techniques as first surgical option for the treatment of congenital ptosis with poor levator function in patients under the age of two years.

Material and methods: a retrospective study of 58 patients (71 eyelids) with severe ptosis and very poor levator function, who underwent frontalis muscle flap (47 eyelids) or maximal ALR (24 eyelids) for correction of their ptosis. Eyelid measurements were taken at 1°, 3°, 6° months, 1 year, 5 years and 10 years after surgery. The presence of complications, need for reoperations and palpebral contour were evaluated.

Results: ptosis was corrected in most patients with a single surgical procedure in both groups. Eight patients who underwent frontalis flap technique needed reoperation (17%) and nine who underwent ALR technique (37%). 20,8% of patients operated with maximal ALR technique had alterations of eyelid contour and 12,7% with frontalis flap technique. Pop-lid and eyelash ptosis were observed only in 8,3% of patients operated with frontalis muscle flap technique.

Conclusions: despite the surgical technique performed, good results in terms of functionality, contour and aesthetics were observed. The principle advantage of the frontalis flap procedure is the permanent long-term result without residual ptosis and the decreased frequency of reoperation as compared to maximal ALR procedure.