

## **Correction of minimal ptosis, eyelid and eyebrow asymmetry with an anterior approach**

### **M. Unal**

*Department of Ophthalmology, Dünyagöz Hospital, Ankara, Turkey*

**Introduction:** Minimal ptosis and levator aponeurotic desinsertion can lead to elevation of the upper eyelid crease, development of deep superior sulcus and elevation of eyebrow on the affected side. This may cause asymmetry of the face.

**Materials & Methods:** Patients demonstrating minimal ptosis (2 mm or less) with elevation of the upper eyelid crease and eyebrow on the involved side are included in the study. All patients had normal or near normal levator functions (13-15 mm). During the period of 2012-2015, 17 patients (13 females and 4 males) with an average age of 28 years (range 15-37) underwent upper blepharoplasty and levator aponeurosis advancement operation with an anterior approach. During the operation, a narrow band (3-5 mm in width) of skin and orbicularis removal was performed below the eyelid crease. A limited amount of levator aponeurosis advancement or reattachment to upper border of tarsus was conducted. The upper eyelid crease was formed symmetrical with the other eye.

**Results:** Of the 17 patients, 10 patients had acquired ptosis, among them 4 patients have been wearing contact lenses, one patient had history of blepharochalasis syndrome, whereas the remaining 7 patients had congenital ptosis. The follow-up period ranged from 1 week to 42 weeks (mean 11 weeks). Most patients were happy with the final result. Minimal ptosis and upper eyelid crease asymmetry were corrected in all patients. In some patients deep superior sulcus deformity could not be corrected adequately due to lack of upper eyelid fat tissue. Correction of eyebrow elevation could be achieved in half of the cases.

**Conclusions:** Meticulous correction of aponeurotic desinsertion with limited upper blepharoplasty may correct soft tissue asymmetry in upper eyelid and eyebrow. Combination of upper blepharoplasty with levator aponeurosis advancement through an anterior approach can be an alternative to conjunctivo-mullerectomy combined with upper blepharoplasty.