CORRESPONDENCE

OPERATIVE TREATMENT OF CONGENITAL PTOSIS

To the Editorial Committee of the British Journal of Ophthalmology

Dear Sirs—Mr. G. I. Scott’s interesting and informative article on the operative treatment of congenital ptosis (British Journal of Ophthalmology, 36, 362) will be of interest to all ophthalmic surgeons. He rightly stresses that where there is any action at all in the levator muscle, and even sometimes when there seems to be none, the best cosmetic and functional result is achieved by shortening this muscle, the only debatable point being which is the better method of approach to it.

Of late, the fashion has been to operate from the conjunctival surface—the Blaskovicz operation—but I should like to put forward the claims and possible advantages of the cutaneous approach, which seem to me to be these:

(1) The operation is performed with the tissues in their normal position and not turned upside down and put under tension by some kind of retractor.

(2) The incision through the skin occupies the exact site of the superior palpebral sulcus, and the slight scar left by it, so far from being a disadvantage, actually completes the normal appearance of the lid. Even in the best results by the Blaskowicz method, there is usually a small fold of skin in the upper lid obscuring this sulcus.

(3) The levator expansion, which is what one is really after in this operation, is rather more easily exposed by the skin approach, as it occupies a position in front of the tarsus, and thus the danger of advancing Muller’s muscle in mistake for the levator is avoided.

(4) The muscle can be sutured to the tarsal plate by sutures which are left buried, as in any other advancement or resection operation, and then there is no silk thread passing through the whole thickness of the lid and so forming a possible track for infection.

By the cutaneous method the operation becomes exactly comparable to an advancement or resection of any other extra-ocular muscle, and, owing to the better exposure of the levator by this route, the excision of a piece of the tarsus is not necessary.

It would be interesting to know whether ophthalmic surgeons who have tried this method prefer it to the Blaskovicz technique.

Yours faithfully,

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