Skin-grafting in total bilateral symblepharon

Follow-up report after 8 years

R. K. KESWANI AND DHANWANT SINGH

Department of Surgery, Medical College, Rohtak, India

This is a follow-up report of a patient now aged 20 years, who was operated on for total bilateral symblepharon in 1963 (Keswani, Singh, and Manchanda, 1965).

Previous surgery

In both eyes, the cornea was carefully dissected from under the upper eyelids and an upper fornix was constructed. The lower eyelids were also dissected from the globe to make them completely mobile. The conjunctival sacs were reconstructed with autografts of thin split skin stabilized over an acrylic prothesis.

The cornea on the right side was found to be fairly clear and a fairly good visual recovery was obtained. The cornea on the left side was very hazy and the visual acuity improved only slightly to hand movements at 0.5 m.

The patient has been followed for the last 8 years. He has overcome the problem of dryness of the eyes by using Achromycin in oil to keep the conjunctival sac lubricated.

The present condition of the eyes is shown in Figs 1 and 2.

FIG. 1. *Appearance of skin grafts in conjunctival sacs after 8½ and 8 years in the right and left eye respectively. Left eye shows bunching of epithelium, in lower limb*

FIG. 2. *Upper eyelids pulled up on both sides, showing encroachment of skin over upper cornea in right eye. The bulbar skin graft is smooth and light in colour. The fornices are deep and well formed.*

RIGHT EYE

There is encroachment of the epithelium over the upper sixth of the cornea which is generally hazy. The anterior chamber is of medium depth. The pupil is circular and active. The visual acuity is counting fingers at 2.5 m. (compared to 1 m. 5 months after the operation). The epithelial lining of the globe and eyelids has become much lighter in colour. There are no downy hairs and no sebaceous secretions. The ocular movements are adequate, except on extreme deviation.

LEFT EYE

The cornea is opaque with keratinized epithelial hyperplasia over the lower part of it. Part of this hyperplasia is due to a bunching up of the mucous membrane graft which was applied during the operation in 1963. The visual acuity is hand movements at 0.5 m. The fornices are well formed and deep. The skin grafts on the eyelids and globe are light in colour. There are a few fine hairs on the inner bulbar conjunctiva. The ocular movements are adequate in all directions.

This patient is now able to look after himself and go about indoors and out with a fair degree of confidence without any external aid.

As mentioned in the previous report, the use of skin grafts to reconstruct the conjunctival sac has not been reported by any other workers. This late reassessment has shown that there is no growth of hair, no sebaceous secretions, and no hyperplasia, and the patient has no complaints of infection or redness of the eyes after exposure to dust and wind.

It has not been found necessary to transplant parotid ducts to the conjunctival sacs for lubrication, but it may be possible to improve the sight of the left eye by a lamellar corneal transplant.

Summary

A case of total bilateral symblepharon treated with split-skin grafts has been reassessed after 8 years. No deleterious changes have been found.

References

- KESWANI, R. K., SINGH, D., and MANCHANDA, R. L. (1965) *Brit. J. Ophthalm.*, **49**, 163