

THE ELECTROCAUTERY IN THE TREATMENT OF CICATRICAL ENTROPION AND TRICHIASIS

F.J. DAMATO

M.D., D.O., D.O.M.S., F.R.C.S.

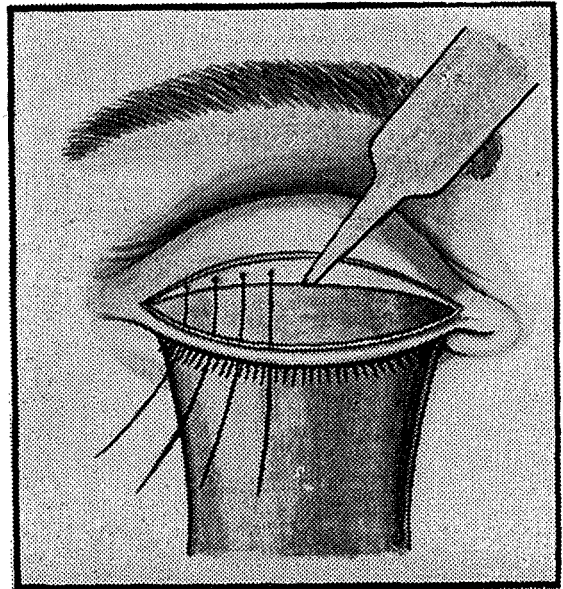
Summary

A new technique is described, where in cases of cicatricial entropion of the upper lid, the electrocautery is used instead of the scalpel to excise a wedge-shaped band from the deformed tarsus in order to restore to a normal position the inturned lid border.

The most common cause of cicatricial Entropion and Trichiasis, generally of the upper lid, is long standing Trachoma. Both the conjunctiva and the tarsal plate share in the disease process. The end result, deformity of the lid and the turning in of the lid border, is caused by conjunctival scarring and softening of the tarsus. In addition, the follicles of the cilia are diseased. Instead of growing forward as they normally do, the cilia slant backwards through the tarsal border and become curved and distorted (Trichiasis). The pernicious effect of these changes on the cornea need not be discussed.

The aim of surgical treatment is to prevent corneal damage, by restoring to a normal position the inwardly rotated lid margin and getting rid of the Trichiasis. A combination of an entropion and Trichiasis operation is necessary. (Tarsoplasty). The operation should relieve the entropion permanently with the least amount of deformity. An operation which has given consistently good results is that carried out according to Snellen's technique. The

main steps are the following: — A wedge shaped band of tissue is excised from the thickened tarsus, along its whole length. — Three or more double armed mattress sutures are introduced into the upper margin of the pared area in the tarsal plate. These are then passed through the lower margin of the same area and through the lid margins to emerge just above the line of the cilia. The two ends of each suture are then bound on a small glass bead.



(Fig. 1)

In this way, the lower part of the tarsal plate is bent forward on itself, thus everting the lid margin along with the line of distorted cilia.

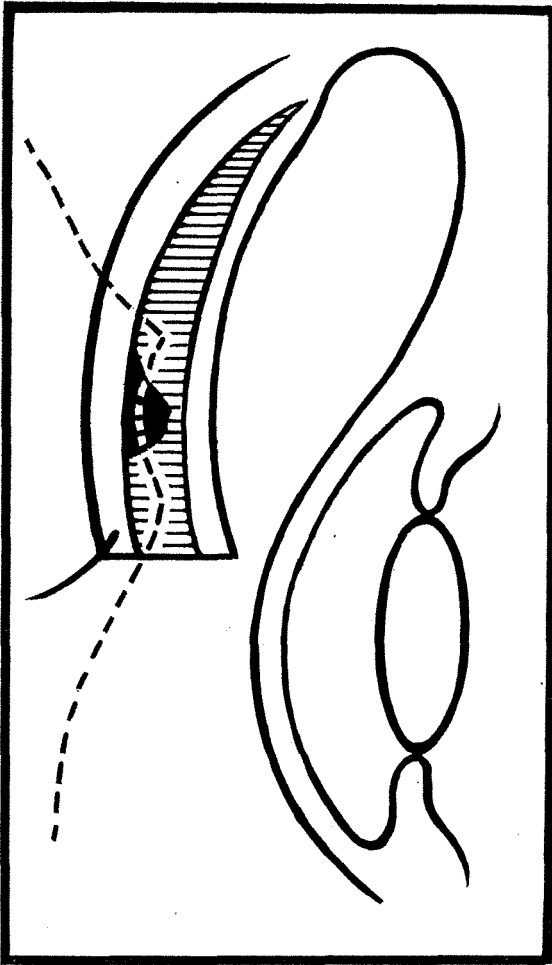


Fig. 2.

It is here suggested that instead of using a Bard-Parker knife to carve out the wedge of tissue from the thickened tarsus, very often not a simple and easy step, one might use the electrocautery.

The point of the latter, heated to a bright red glow, is applied to the surface of the tarsus until a groove of the required depth and width is obtained. A small curette is used to clear the burnt-out debris and clean the groove. Care is taken not to perforate the tarsus and conjunctiva. The sutures are subsequently introduced as already described.

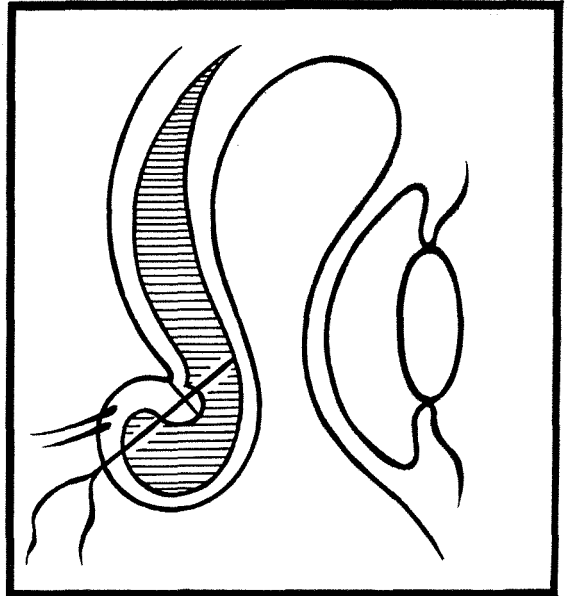


Fig. 3.

This technique is considered to be simpler and easier to carry out than paring the deformed tarsus by means of a scalpel. Moreover, the induced fibrous tissue contraction after the application of the electrocautery, is another factor in favour of this technique.



Just after the operation.



Ten days after Sutures have been removed

Eight cases were operated upon in this way. The results were satisfactory. In one case, a good result was obtained even without the use of sutures.

References

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