The Role of Conservative Eyelid Surgery in Lamellar Ichthyosis: A Case Report from the "Free Papers" Sessions of the Nordic Congress

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Patients with ichthyosis experience many problems related to the condition. With the help of a dermatologist the patient can minimize the negative effects of the disease on his or her physical well-being and even appear relatively normal to the untrained eye. Treatment is mainly with keratolytics, including carbamide, lactic acid, glycolic acid, salicylic acid, and emollients in different cream or ointment-based formulae.

The symptom that is most difficult to deal with in patients with lamellar ichthyosis is exophthalamos, which results from the tension of the stiff hyperkeratotic skin and the growth of the face. Exophthalamos is also the most stigmatizing symptom in patients with lamellar ichthyosis, and one that dermatologists are helpless against.

Conventional surgical treatment of exophthalamos has been a full thickness skin graft below the eye in case of a severe ectropion. However, this can be as disfiguring as the exophthalamus itself.

Dr Haraldur Sigurdsson, an oculoplastic surgeon in Reykjavik has treated three patients with exophthalamos with a minimally invasive procedure with, to a dermatologist, very good results. Three cases of lower lid correction were shown, in



Fig. 1. Lamellar ichthyosis in a patient before surgery.

which lid shortening and inverting sutures were used to correct the lower eyelids. In two of the cases good anatomical correction was achieved, but in one the ectropion was only partly corrected. The photographs show the pre-operative condition, and 10 months after the operation (Figs 1–2).

This operation is minimally invasive for the patient and, in the hands of an expert, simple. We will gladly share our knowledge should there be inquiries. E-mail: bbaldursson@ossur.com.

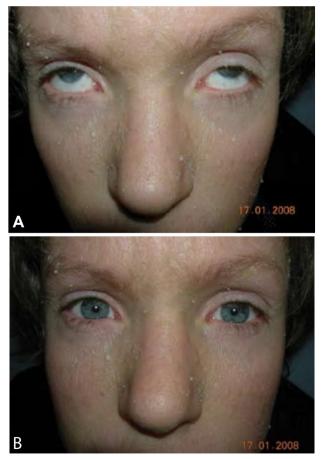


Fig. 2. The patient 10 months after surgery showing improved function both when looking upwards (A) and straight forward (B).