

EP-062

하안검 섬모하 절개 후 고령 환자에서 발생한 중간층 섬유화 유발 하안검 외반증

(Middle Lamellar Fibrosis-Induced Lower Eyelid Ectropion in an Elderly Patient After Subciliary Approach)



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Purpose: Lower eyelid ectropion is typically associated with skin deficiency (anterior lamellar shortening). However, severe ectropion can occur in elderly patients even without skin loss. This report analyzes the mechanism of ectropion induced by middle lamellar fibrosis following orbital surgery and shares a successful surgical management case.

Methods: A 78-year-old female presented with severe ectropion after undergoing orbital floor fracture repair via a subciliary approach. Revision surgery was performed to restore eyelid function. Intraoperatively, dense fibrotic adhesions were identified in the middle lamella. Treatment involved meticulous adhesiolysis at the arcus marginalis level combined with lateral tarsal strip fixation to provide horizontal support.

Results: The revision surgery successfully restored vertical eyelid mobility and corrected the ectropion without the need for a skin graft. The patient maintained a stable eyelid position without recurrence during a 1-year follow-up period. Postoperative MRI analysis confirmed that an early hematoma had progressed into fibrosis in the septal area, causing the mechanical restriction.

Conclusion: In elderly patients, postoperative hematoma can lead to significant middle lamellar fibrosis, resulting in severe ectropion even if skin resection was minimal. Meticulous hemostasis is crucial to prevent this complication. For treatment, direct release of middle lamellar adhesions is essential along with horizontal tightening of the eyelid.

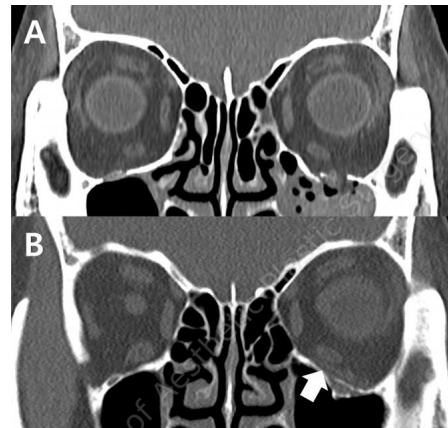


Fig. 1. (A) Preoperative computed tomography scan showing a blowout fracture of the left orbital floor. (B) Postoperative scan obtained 6 months after the initial repair, demonstrating stable reconstruction of the orbital floor with an implant.

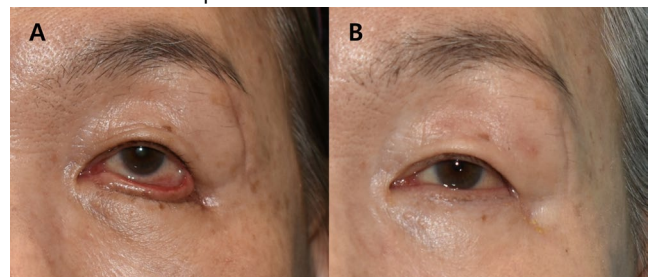


Figure 2. Severe ectropion before revision surgery (A) and restored symmetry and eyelid position 1 year after revision (B).

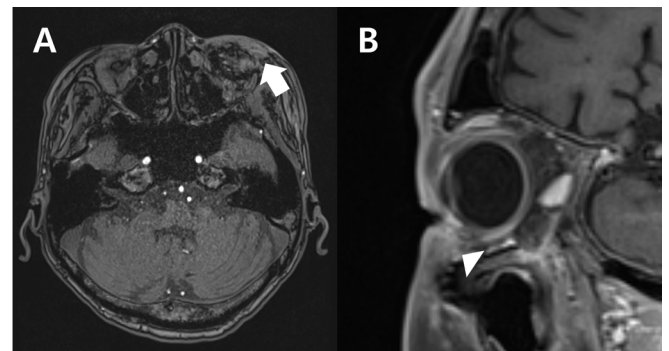


Fig. 3. Post-initial surgery showing a preseptal hematoma at 1 week (A) and subsequent fibrotic changes at 2 months (B).

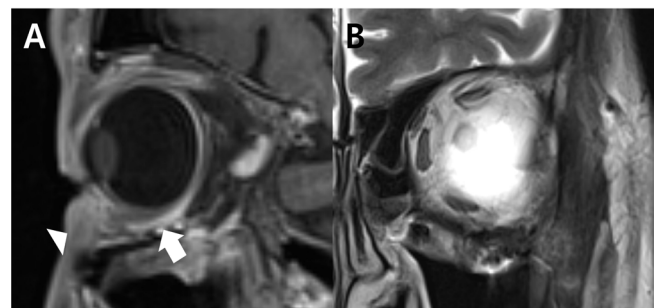


Fig. 4. Sagittal view showing inflammatory changes in the anterior lamella (A) and coronal view showing intact extraocular muscles and internal orbital structures (B).