

EP-084

하안검 제자리 악성흑색종 절제 후 발생한 결막유착의 설하점막이식 및 실리콘 시트 삽입을 이용한 재건

(Reconstruction of Lower Eyelid Symblepharon with Lingual Mucosal Graft and Silicone Sheet Following Excision of Malignant Melanoma In Situ: A Case Report)



동국대학교 의과대학
성형외과학교실¹

한승민¹, 이준호*¹

Purpose: To report a case of successful reconstruction of lower eyelid symblepharon after wide excision of malignant melanoma in situ using a lingual mucosal graft and silicone sheet placement, with restoration of ocular motility and resolution of diplopia.

Methods: A 78-year-old woman with hypertension and diabetes underwent wide excision and mustarde cheek rotational flap of a right lower eyelid melanoma in situ on February 25, 2025. She subsequently developed horizontal and vertical diplopia, mild limitation of adduction and abduction, and symblepharon at the inferior temporal conjunctiva of the right eye. On September 11, 2025, the patient underwent adhesiolysis followed by reconstruction with a 2.0 × 1.5 cm lingual mucosal graft and interposition of a 1 mm silicone sheet with temporary tarsorrhaphy. Tarsorrhaphy stitches were removed on postoperative day 5 and the silicone sheet on postoperative day 12.

Results: At postoperative week 5, binocular diplopia and motility limitation were improved, and the mucosal graft remained well-engrafted with no recurrence of adhesion. Functional and cosmetic outcomes were satisfactory

Conclusion: Lingual mucosal graft with silicone sheet interposition effectively restored eyelid and conjunctival function in lower eyelid symblepharon following oncologic resection. This technique achieved stable anatomical results and significant functional improvement even in an elderly patient with systemic comorbidities.

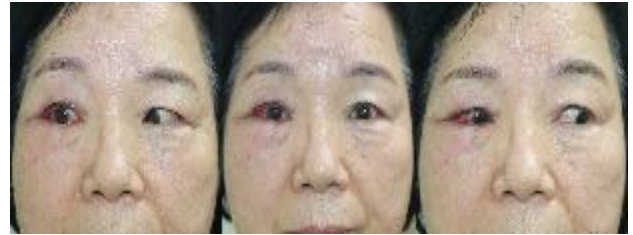


Fig. 1. Preoperative photographs of the right eye showing symblepharon at the inferior temporal conjunctiva with horizontal and vertical diplopia and mild limitation of adduction and abduction.



Fig. 2. Intraoperative views: (A) Lingual mucosal graft inset after adhesiolysis. (B) Silicone sheet interposition with temporary tarsorrhaphy.



Fig. 3. Five weeks postoperatively, the right lower eyelid shows a well-engrafted lingual mucosal graft without recurrent symblepharon and improved ocular motility, including adduction and abduction.