Workshop on Oculoplastics

Chairpersons: J Hurwitz, K Jebodhsingh

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Non-surgical Treatment of Aesthetic Eyelid and Ocular Adnexal Abnormalities

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Surgical techniques for eyelid reconstruction have been greatly refined over the years. However, surgery cannot fix every eyelid or adnexal imperfection, especially if they are minimal, nor can surgery always provide the perfect "finishing touches" postoperatively. Virtually every functional oculoplastic condition has a "cosmetic" component which must be considered in planning treatment, in order to maximize patient satisfaction. In this regard, we undertook a one-year project to liaise with a clinical aesthetician for our patients. However, rather than working with her just postoperatively for operations solely of a cosmetic nature as others have done (for example cosmetic blepharoplasty), we utilized her skills both preoperatively in functional situations, where it was felt that surgically we could not make a difference and/or the risks of surgery outweighed the benefits, and postoperatively after functional (not cosmetic) operations, where it was felt that "revision" surgery would not produce the desired aesthetic results. These aesthetician-provided techniques were used for preoperative and postoperative ptosis, lid retraction, eyebrow asymmetry, pigmentation, scarring, as well as in conjunction with the ocularist and prosthetics specialists post-enucleation and post-exenteration. Most patients, depending on the pathology, felt that these techniques provided improved satisfaction and continued with them over the long term.

The Role of Makeup in Lacrimal Obstruction

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It is well-known that females are much more prone to lacrimal obstruction than males. There have been various theories postulated – anatomical variations, hormonal, genetic *etc*. However, many women wonder if it is due to their make-up. Women also get lacrimal stones much more frequently than men. On routine examination of stones found at surgery, our pathologist discovered tiny fragments, which, on more sophisticated elemental analysis, were found to be titanium, often with iron, the same elements and concentrations that are found in make-up. Indeed, these are the same elements with the same percentages that we found on examining make-up products from a retail store. This led us to do a study doing posterior flap lacrimal sac biopsies and elemental analysis on 100 consecutive dacryocystorhinostomies. We found over 50 per cent of women had titanium +/- iron. No man had titanium, yet three had iron: two worked in steel construction and one wore heavy face creams for a skin condition. Recent studies on face creams showed that phthalates in the products were absorbed and could case many medical problems, such as cancer, auto-immune disease, and even male infertility. This study may have more significance than just for the lacrimal system.

Pathological Analysis of Anterior Orbital Tissue

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There have been many studies that have analysed the anatomy, physiology and microscopic features of the anterior orbital tissues. The anatomy of the tissues in the anterior orbit will be reviewed with focus on the microscopic fea-

tures and changes that may occur over time; gender and associations with diseases will also be discussed and how these may correlate with other structures in the body.

Indications for Orbital Imaging by the Oculoplastic Surgeon

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Objective: To determine the indications for ordering orbital imaging and the indications for ordering computed tomography scans (CT) *versus* magnetic resonance imaging (MRI) by oculoplastic surgeons, and to assess the correlation between surgeons' clinical indication for imaging and the radiologist's diagnosis.

Subject and Methods: This was a retrospective review of imaging requisitions and radiology reports. Imaging requisitions and radiology reports of patients from four oculoplastic surgeons were reviewed to determine the indication for ordering a CT or MRI scan between March 2006 and March 2009. The indications were then compared to the radiologist's diagnosis.

Results: A total of 735 patients were included: 449 (61.1%) females and 286 (38.9%) males, with an average age of 50.1 years and an age range of 0.6–93 years. Of these patients, a total of 632 CT and 223 MRI scans were ordered, 135 of which were follow-up scans.

Conclusions: The most common indication for CT scan was thyroid disease, followed by orbital tumours and then inflammatory disease, while the most common indication for MRI scan was orbital tumours, followed by inflammatory disease and then thyroid disease. Computed tomography scans were more commonly ordered than MRI, largely for trauma and to rule out any orbital foreign body.