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REPORT OF A CASE OF PLASTIC OPERATION FOR THE REPAIR OF THE INNER CANTHUS.

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OF NEW YORK.

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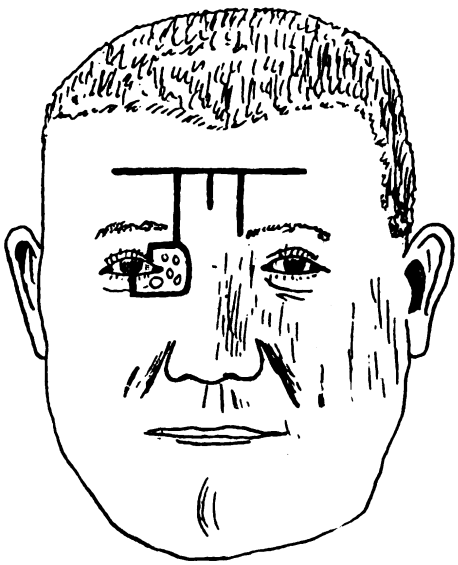
THE case is interesting because of some new features in the operation. It emphasizes the well-known fact that a flap with a pedicle does not shrink.

September 26, 1889. Mr. C., aged 50, presented himself at the New York Eye Infirmary, service of Dr. R. H. Derby. Six months ago he noticed a pimple at the inner margin of the right upper lid. The pimple discharged some pus and has increased in size. At present he has an epithelioma involving the inner canthus, part of the nasal side of the upper and lower lid and extending a quarter of an inch over the side of the nose. Trachoma, both eyes, third stage. Epiphora.



(Fig. 1.)

October 1. Operation. (See Fig. 1). The involved skin of the nose and one-eighth of an inch beyond was removed. The inner third of the upper lid and one-half of the lower lid were removed, including skin, cartilage and conjunctiva. The underlying bone was scraped very thoroughly with a sharp spoon. Hemorrhage severe, controlled by hot water,

The second step in the operation was the preparation of the flap. A horizontal incision was made through the skin of the forehead near the beginning of the hair, the incision being more than three inches long. Two parallel vertical incisions more than an inch apart extended downward from the horizontal incision; the right being continuous with the edge of the wound, the left stopping at the bridge of the nose.

The flap outlined in the center of the forehead was separated from the underlying muscle. There was not much subcutaneous fat. After being dissected off the forehead, the flap was turned down out of the way.

The third step in the operation: The skin of the forehead below the horizontal incision was thoroughly undermined far back on the side of the head so that the cavity left after removal of the flap was covered by sliding the skin of the forehead to the median line. The skin was approximated without much traction. A number of hare-lip pins were used to prevent sutures cutting through. Silk sutures used to unite the cut edges.

The fourth step in the operation: The upper border of the flap was split by an incision almost an inch long in the center of the flap. The right divided end of the flap was fitted to replace the lower lid, the left end of the flap the upper lid. The flap was much too large and required considerable trimming. No attempt was made to approximate the under surface of the flap to the margin of the orbit. A pledget of cotton was inserted at the inner corner of the eye to keep the palpebral opening from narrowing by adhesion of the split flap. Bichloride wet dressing. Time of operation two and one-half hours.

I am indebted to Drs. Hunter, Price, Adams, Gibson and others, for valuable suggestions during the operation.

The patient was in bed a week. Dressing changed on third day. Sutures removed ten days after the operation. Healing by first intention on the lines of the sutures. Flap adherent to the bone in about five weeks.

October 24. Discharged from the hospital.

(FIG. 2).

From a photograph, May, 1891, nineteen months after the operation. The portion of the flap which replaced the nasal side of the lower lid has remained in place, while there is an entropion of the outer portion of the original lid caused by the trachoma. The portion of the flap which replaced the nasal side of the upper lid has been drawn inward; this took place when the flap over the side of the nose became adapted to the bone. The lid flaps support the eyeball and are held in place by the portion of the lids which was not removed. The inner surface of the lid flaps looks as if covered with conjunctiva which it is not; it is continuous with the conjunctiva of the lids and globe with no apparent line of demarcation. It is well to emphasize this fact because many who saw the case after the operation could hardly believe that the under surface of the skin of the forehead could granulate and resemble conjunctiva.

The free margin of the skin of the flap has formed a margin of the lid which has the appearance of a lid margin except that there are no eyelashes.

The inner corner of the eye is rounded instead of being angular. This occurred, and the palpebral opening was narrowed because the parts of the split flap were not kept properly separated a sufficient length of time after the operation.

Patient is able to close his eye except at the inner corner. The globe is freely movable in all directions.

No epiphora. The opening into the tear passage of the nose was allowed to heal over and it was expected that an opening would have to be made later to allow the tears to find their way down into the nose. Patient does not need such an operation.

The incurving eyelashes of the lower lid pressing against the globe do not annoy the patient. There is less photophobia of the operated eye than of the other. The photograph shows the operated eye closed more than the left—due to the strong light, ordinarily the right eye is more open, has less pannus and feels more comfortable than the other.

The photograph does not show a horizontal scar extending from the inner canthus. There is also more wrinkling over the base of the nose than the photograph shows. The transplanted flap is as movable over the bone as the original skin.

No return of the epithelioma after more than two years.

131 West Fifty-Sixth Street.

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PROFESSIONAL NEWS.

Dr. Leonard A. Dessar, of New York, a member of our Editorial staff, was married to Miss Mamie Mannheimer, of New York, October 10, 1893.

Dr. Bates >

Dr. W. H. Bates has removed from 131 West Fifty-Sixth street to 64 East Fifty-Eighth street, New York.

Dr. Charles H. May has removed to 692 Madison avenue, New York.

Dr. David Webster announces that he has removed from 266 Madison avenue to 327 Madison avenue, between Forty-Second and Forty-Third streets, New York.

Dr. C. Barck has removed to 2715 Locust street, St. Louis, Mo.

Dr. S. D. Barrett, formerly Clinical Assistant to the Eye and Ear department of the Missouri Medical College and the St. Louis Polyclinic and Post-Graduate School of Medicine has removed from St. Louis, Mo., to Franklin, Kentucky.

Dr. Thomas E. Murrell has removed from Little Rock, Arkansas, to Saint Louis, Missouri. He has opened offices in the Commercial Building, southeast corner Sixth and Olive streets.