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EYELID SURGERY IN PATIENTS WITH GRAVES' ORBITOPATHY

Graves' orbitopathy (GO) is associated not only with exophthalmos, but even more commonly with eyelid malpositions, such as eyelid retraction or dermatochalasis. Eyelid retraction is a typical sign in GO, particularly common in the upper eyelid. Clinically it becomes apparent as a lid lag in down gaze or an elevated upper eyelid position. Due to increased evaporation dry eye symptoms and ocular surface disease can develop, leading to discomfort, pain, tearing, photophobia, and even visual impairment. Beside these functional problems, upper eyelid retraction with its typical lateral flare gives a furious looking appearance, which aesthetically is undesirable for the patients. The latter is also true for dermatochalasis with eyelid swelling due to orbital fat prolapse, often associated with prominent sub-brow fat pads.

Persistent eyelid retraction can be treated surgically. Numerous upper eyelid lengthening procedures have been described, however, nowadays an "anterior blepharotomy" has become the standard procedure. This method has eased and improved results after eyelid lengthening significantly. For the correction of lower eyelid retraction often spacers are necessary. Blepharoplasties in Graves' patients usually address retroseptal fat pads, and if indicated, the sub-brow fat compartment; skin excision should be extremely conservative.

Rehabilitative surgical procedures in GO are performed stepwise, eyelid surgery usually coming last after orbital decompression and extraocular muscle surgery. Indications for eyelid surgery will be discussed, surgical procedures explained and results presented.

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