

Some Surgical Aspects of Elimination of the Subtotal Defects of the Lower Eyelids After the Treatment of Various Neoplasm and Tumor-Like Processes

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Abstract

In the structure of ophthalmic diseases tumor of adnexa of the eye (TAE) occupy a leading place and constitute from 40% to 60%. According to modern standards, treatment of malignant skin epithelial neoplasms in the Republic of Tajikistan has been accepted [1-5]. Thus, the surgical method of treatment is carried excision of malignant skin tumors, departing from its visible edges of 2 cm. and for T 1-2 basal-cell carcinomas it is acceptable to conduct skin incision at a distance of 0.5 cm from the edge of the tumor. A tumor with surrounding skin, subcutaneous fat, is included in the block of tissues to be removed. In infiltrative forms of skin cancer, it is recommended to remove the underlying fascia as well. When the underlying structures (muscles, bones) are involved in the tumor process, the latter are resected.

Keywords: Eyelids; Eyelashes; Republican Cancer Research Center (RCRC);

In case of T₃-T₄ concomitant radiotherapy may be used (tele- and brachytherapy), the total combined dose is respectively 40-50 Gy or 20-30 Gy. The effect of irradiation is estimated after 1-1.5 months. If an incomplete tumor resorption is detected, surgical removal is performed or, if there are contraindications to the operation, additional irradiation at a dose of 20-30 Gy is performed.

The study of outpatient cards, the history of the disease of 51 patients treated in the Republican Cancer Research Center (RCRC), at the University Clinic of TSMU named after Avicenna, in the clinic of Talco Aluminum Plant in Tursunzoda city with skin tumors of the periorbital region showed that the reasons for the complications of surgical rehabilitation of these patients were the following:

- The difficulties of an objective assessment of the prevalence of malignant tumors of adnexa of the eyes.
- Their resistance to radiation and chemotherapy.

- The patients' refusal to adequately perform operations.
- Difficulties associated with the appearance of extensive eyelid defects, periorbital region, lack of mobility and soft tissue deficit.
- The complexity of planning and choosing the method of plastic surgery for defects of the eyelids, periorbital region, which is a complex component of the multifunctional components of the organ of vision.

Defects, deformations near the orbital region that arise after the removal of tumors, when the reconstructive operation was not performed in time, or was complicated by necrosis of the flaps, by turning or twisting the eyelids. This can lead to pronounced anatomical and functional aesthetic disturbances from the eyeball and its subsidiary organs, as well as psychoemotional disorders, which leads to social disintegration of the patient. Therefore, the

development of methods and recovery of skin defects, mucosa in the surgical treatment of patients with different tumors and tumor-like processes of skin and adnexa of upper and lower eyelids remains a priority.

Purpose of the Study

To develop and evaluate the methods of surgical rehabilitation of patients with tumors and tumor-like processes of skin and adnexa of upper and lower eyelids.

Material and Methods of Investigation

To compensate for the subtotal defect of the lower eyelid, we offer a complex graft (skin-muscle) of the fronto-brow region. Clinical material was 51 patients, of them 30 (59%) were males, 21 (41%) females with skin tumors of the periorbital region, treated in the Republican Cancer Research Center (RCRC), at the University Clinic TSMU them. Avicenna, the clinic of the Talco Aluminum Plant in Tursunzoda between 1994 and 2016 at the age of 18 to 70 years with the tumors of adnexa of the eyes. Malignant tumors of periorbital region were diagnosed in 44 (86%) patients, benign - in 7 (14%) patients. The prevalence of malignant tumors of periorbital region according to the international system TNM is as follows: T2N0M0 was established in 11 (25%), T3N0M0 - 22 (50%), T4N0M0 - 11 (25%) patients. In 35 (69%) patients, large and subtotal defects of the eyelids predominated, and 16 (31%) had partial skin defects throughout, without involvement of the eyelid mucosa. In 36 (70%) patients, flaps were used: from the skin of the nasolabial fold, forehead, transference, healthy lower or upper eyelid, and free skin flaps from the medial surface of the shoulder or thigh.

Results of the study and their discussion. To compensate for the subtotal defect of the lower eyelid, we offer a complex transplant (muscle-cutaneous flap) of the frontal brow region, which is illustrated by photographs (Figure 2). Complex transplant of muscle-cutaneous flap of the frontal brow region allows one-step elimination of the subtotal defect of the lower eyelid, activation of the neuromuscular connection, thereby contributing to covering the eye gap, as well as participation in the function of closing the lower eyelid, and with the passage of a certain time, hair growth in the new lower eyelid that mimics the eyelashes.

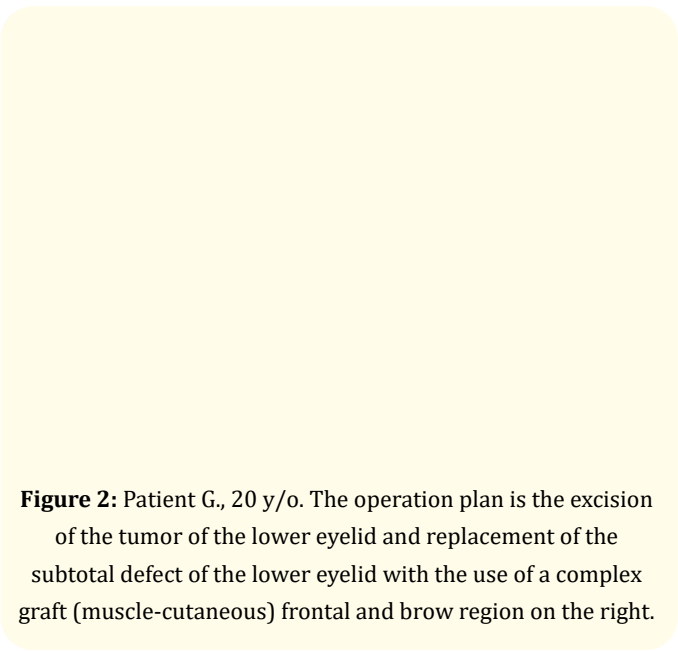
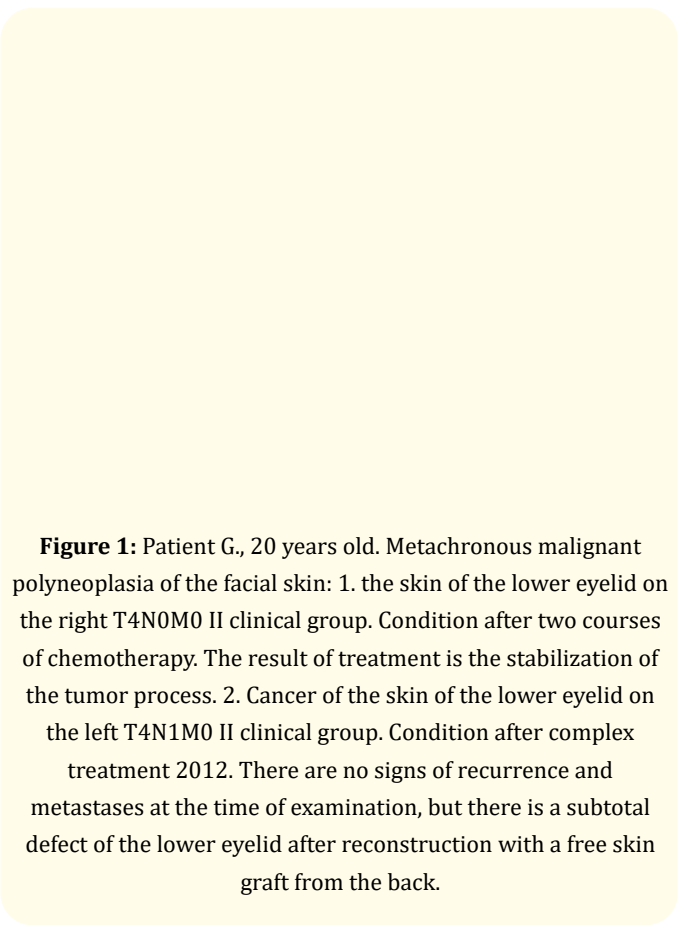


Figure 2: Patient G., 20 y/o. The operation plan is the excision of the tumor of the lower eyelid and replacement of the subtotal defect of the lower eyelid with the use of a complex graft (muscle-cutaneous) frontal and brow region on the right.

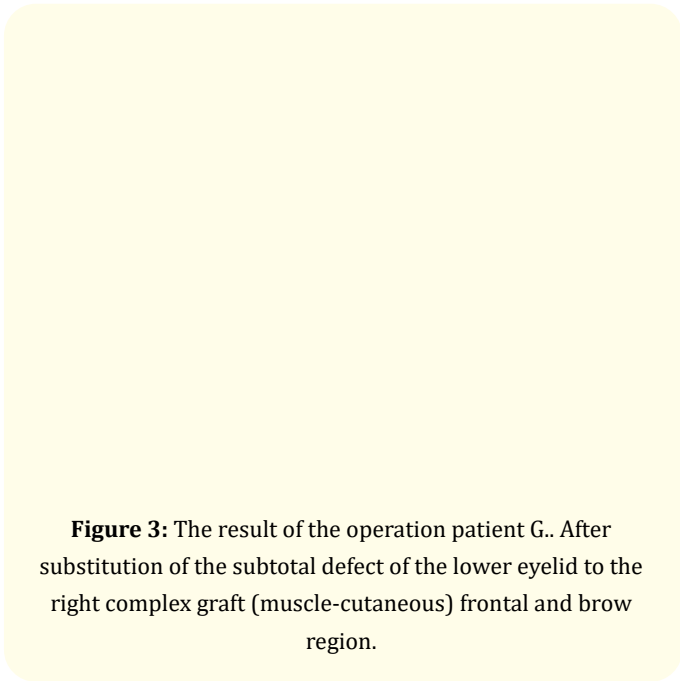


Figure 3: The result of the operation patient G.. After substitution of the subtotal defect of the lower eyelid to the right complex graft (muscle-cutaneous) frontal and brow region.

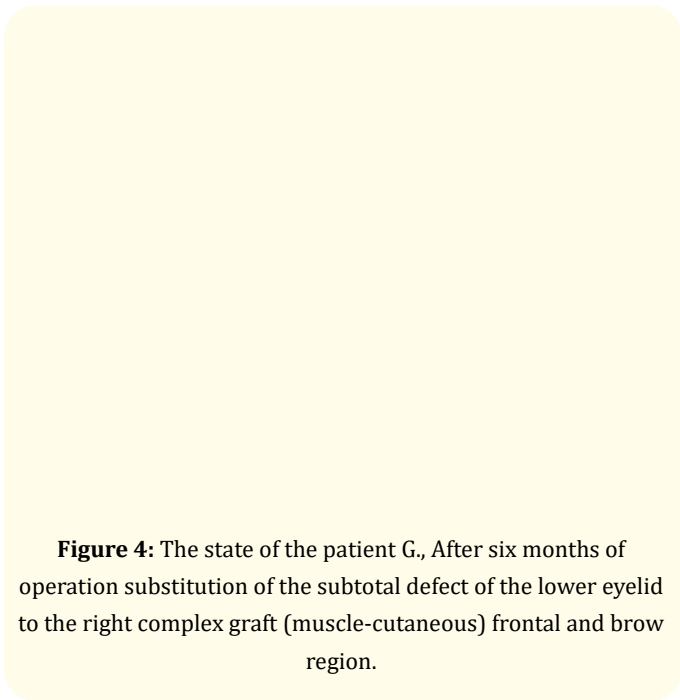


Figure 4: The state of the patient G., After six months of operation substitution of the subtotal defect of the lower eyelid to the right complex graft (muscle-cutaneous) frontal and brow region.

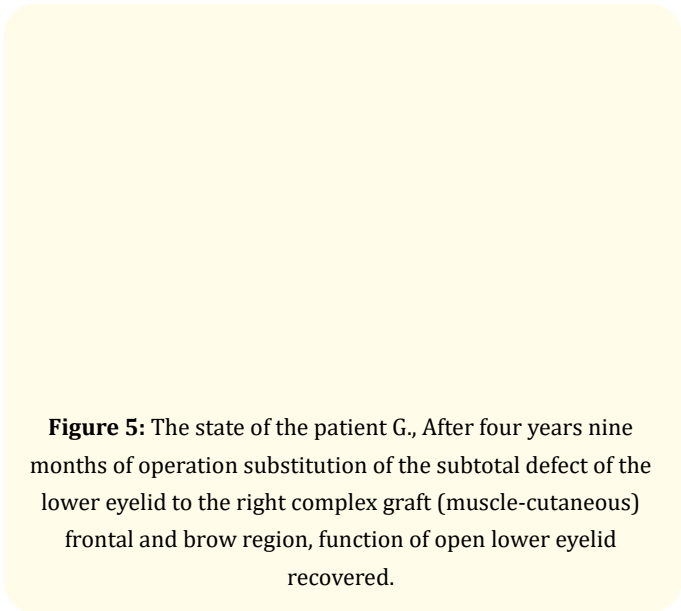


Figure 5: The state of the patient G., After four years nine months of operation substitution of the subtotal defect of the lower eyelid to the right complex graft (muscle-cutaneous) frontal and brow region, function of open lower eyelid recovered.

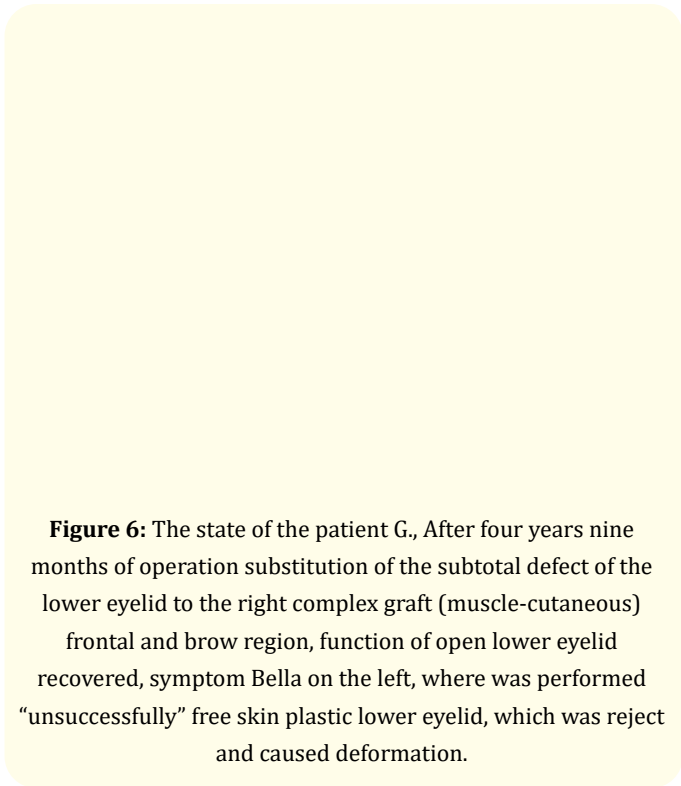


Figure 6: The state of the patient G., After four years nine months of operation substitution of the subtotal defect of the lower eyelid to the right complex graft (muscle-cutaneous) frontal and brow region, function of open lower eyelid recovered, symptom Bella on the left, where was performed “unsuccessfully” free skin plastic lower eyelid, which was reject and caused deformation.

Conclusion

Thus, for elimination of defects of the tumors of adnexa of the eyes, along with traditional methods of plastics, when a large

surface of the skin of the lower eyelid is included in the flap, one can use complex graft (muscle-cutaneous) frontal and brow region which allows to carry out a radical operation even after recurrence of the malignant tumors of skin of periorbital region, and restore the skin on any length, prevent the eversion of the mucosa of the lower eyelid, thereby speeding up the rehabilitation of these patients. In this regard, it allows us to recommend this method of eliminating the subtotal defect of the lower eyelid after excision of various neoplasms and tumor-like processes to the introduction into clinical practice of the primary medical link, health centers, polyclinics of the maxillofacial departments and oncological departments of various profiles.

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