

눈꺼풀테 분리와 병행한 속눈썹 회전 봉합술을 이용한 광범위 속눈썹증 교정

Correction of Diffuse Trichiasis Using Eyelid Margin Splitting Combined with Cilia Rotation Suture

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Purpose: In the present study, we introduced and evaluated the effectiveness of eyelid margin splitting combined with cilia rotation suture performed in simplified steps resulting in minimized complications in diffuse trichiasis.

Methods: A retrospective review of medical records was performed on 31 eyelids of 21 patients with diffuse trichiasis. The patients had trichiasis of more than 1/3 of eyelid margin and received eyelid margin splitting combined with cilia rotation suture at our hospital. The patients did not have eyelid or lid margin abnormalities and were followed up more than 6 months after surgical correction. A telephone survey of the surgical outcomes including cosmetic satisfaction and recurrence was conducted in patients who did not visit at postoperative 12 months. Success was defined as complete resolution of symptoms and acceptable cosmesis at final visit.

Results: The patients included 2 males (3 eyes) and 19 females (28 eyes) with an average age of 54.5 ± 18.3 years (range, 19.2–82.4 years). The mean follow-up period was 15.3 ± 5.6 months (range, 10–35 months). Cornea or conjunctiva irritation symptoms by misdirected eyelash were resolved in all eyelids; 3 eyelids with recurrent trichiasis required additional electrolysis to remove irritating cilia resulting in an overall success rate of 90.3%.

Conclusions: For patients with diffuse trichiasis, an eyelid margin splitting combined with cilia rotation suture performed in simplified surgical steps showed excellent results resolving irritating symptoms with very low recurrence rate and high cosmetic satisfaction.

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Keywords: Cilia rotation suture, Eyelid splitting, Trichiasis

속눈썹증은 눈꺼풀이나 눈꺼풀테의 해부학적 위치와 눈꺼풀테에서 속눈썹이 기시하는 위치가 정상이나, 각각의

속눈썹의 방향이 안구 쪽으로 이상 방향성을 가져 안구 표면에 접촉하게 되고, 각결막 자극 증상을 일으키는 질환이다. 세극등현미경검사 소견으로 선형의 각막상피결손, 각막 궤양, 각막반흔을 보일 수 있고, 심한 경우 시력저하의 원인이 될 수 있다.¹ 원발성으로 발생하는 경우도 있으나, 트라코마, 만성 눈꺼풀염, 반흔성 염증, 화학적 손상이나 수술, 점안액 사용 등 의인적 원인 등에 따른 2차적인 결과로 생길 수도 있다.²

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