

Oculoplasty, exponentially growing sub speciality

Rajendra P. Maurya

Editor in Chief IJCEO

Assistant Professor & I/c Orbit,

Oncology & Oculoplasty Unit

Department of Ophthalmology

Institute of Medical Sciences

Banaras Hindu University, Varanasi, (UP), India

Email: editorijceo@gmail.com, mauryarp_bhu@yahoo.com



This issue is dedicated to oculoplasty, orbit & oncology. Oculoplasty is a rapidly evolving sub speciality of ophthalmology. A decade or so, ago, oculoplasty used to be only entropion, ectropion and ptosis. Now the field has diversified a great extent. Oculoplastic surgery includes functional and cosmetic eyelid & facial surgery, nasolacrimal surgery and complex orbitotomies. Area of face is always exposed to others, the mirror and the mind, beside subjected to comparison and criticism. The desire of aesthetic enhancement has been increasing all over the country with media & glamour playing important role in aesthetic enhancement. Recently another dimension of oculoplasty “aesthetic facial rejuvenation” gained popularity. Wide spectrum of interventions such as volume augmentation by dermal fillers, Botox injections, blepharoplasty, application of lasers, endoscopic brow lift techniques and midface reconstruction etc play an important role in achieving youthful facial appearance.

With the invent of botulinum toxin its uses in ocular conditions has rapidly expanded .It has several therapeutic indications such as in facial dystonias, lower lid senile entropion ,upper lid retraction and its cosmetic application in temporary improvement of hyperkinetic lines such as crow's feet, glabellar furrows and smokers line etc[1].

Ocular prosthesis is another important field. All of us might have come across a smile on the face of a person who was given prosthesis to conceal his or her disfigured eye. Treating patients with congenital disorders such as micro/ anophthalmos are also offered as new approaches, which can at least improve a patient's appearance if not completely solve their functional deficit. Nasolacrimal duct (NLD) obstruction resulting into epiphora is a troublesome condition. Although external DCR is the gold standred in treatment for NLD obstruction, the endoscopic endonasal approach which was introduced in 1983 by Caldwell [2], has gained momentum in last decade due to high (63%-97%) success rate[3]. Advantage of this approach is that it avoid external scar, neurovascular disruption and preserves the lacrimal pump system[4].

In this issue we have interesting articles on Oculoplasty & Glaucoma such as ophthalmic uses of Botulinum toxin, modified external DCR and Endoscopic DCR & TCF by Fugo plasma bled in Glaucoma by Dr Sameera Irfan. We have also selected specific topics in an effort to provide an overview of what is new in the areas of orbital and lid disorders such as sino-orbital mucormycosis, Filariasis of eyelid & recurrent meibomian gland carcinoma of lid. The variety and speed of innovation requires more space than any one volume can cover. We plan to offer the readers more new information via subsequent volumes and hope that we have successfully stimulated their curiosity sufficiently to look forward to further publication of the rapid developments occurring in our surgical discipline.

REFERENCES:

1. Ranoux D, Gury C, Fondarai J, Mas JL, Zuber M. Therapy with Botulinum Toxin. J Neurol Neurosurg Psychiatry. 2002; 72:459–62.
2. Caldwell GW. Two new operations for obstruction of the nasal duct, with preservation of the canaliculi, and with an incidental description of a new lacrimal probe. Am J Ophthalmol . 1983; 10: 189-193.
3. Durvasula V, Gatland DJ. Endoscopic dacryocystorhinostomy: long-term results and evaluation of surgical technique. J Laryngol Otol 2004; 118: 628-632.
4. Shun-Shin GA, Thurairajan G. External dacryocystorhinostomy –an end of an era? Br J Ophthalmol . 1997;81: 716-717.