

Editorial

Oculoplastic

Blepharoptosis repair is considered one of the fundamental procedures in ophthalmic plastic and reconstructive surgery. Although the basic concept in ptosis surgery is elevating the dropped upper eyelid, there are various surgical approaches to achieve this goal. Targeting the levator palpebrae superioris (LPS) muscle, Müller's muscle or the frontalis muscle (in sling surgery), is determined by the type of ptosis, as well as by the surgeon's preference. This "Mini Hot Review" aims to describe the different types of ptosis and to present the common surgical approaches.

Differences in the anatomy of the upper eyelid between Asians and Caucasians may influence the surgical technique that is chosen in each ethnic population. I therefore invited three Japanese groups and two UK groups to present different aspects and approaches to ptosis, based on their experience in their countries. Dr. Leibovitch from Israel kindly helped the Japanese groups in preparation of the articles.

Dr. Noma and his colleagues present the transcutaneous blepharoptosis surgery approach with simultaneous advancement of the levator aponeurosis and Müller's muscle. This technique is versatile and is widely performed around the world, especially in Japan. The authors present a detailed description of the technique that is designed to achieve a desired upper eyelid elevation, while keeping the natural upper eyelid curvature. The authors also deal with the relationship between ptosis surgery and the ocular surface.

Mr. Waqar and his colleagues review the transcutaneous approach in blepharoptosis surgery, including various aspects like its history, the various techniques and possible complications. The "small incision minimal dissection" approach which they describe is a simple and easy to perform technique that reduces any anatomical disruptions and results in a high success rate.

Mr. Patel and Mr. Malhotra present the transconjunctival approach for blepharoptosis repair, emphasizing the indications for this surgery. They discuss the technique and describe their own experience with the "white line advancement" method. The term "white line", which is originally used to describe the confluent area between the levator aponeurosis and the orbital septum, is used here for the whitish anterior layer of the levator aponeurosis.

Professor Ichinose and Dr. Leibovitch discuss the transconjunctival approach for blepharoptosis repair, emphasizing the advantage and disadvantage of the technique. Professor Ichinose is considered the most famous cosmetic surgeon in Japan and he presents his own technique of transconjunctival blepharoptosis surgery, based on a cosmetic surgeon's point of view. He discusses the unique aspects of the Asian upper eyelid as well as the most appropriate surgical techniques for such eyelids.

Lastly, Dr. Takahashi and his colleagues present the frontalis suspension surgery. Although this operation is not the procedure of choice in most cases of ptosis, it is considered a useful technique, especially for congenital ptosis cases and cases requiring a large degree of levator advancement. The authors also present the advantages and drawbacks of each suspensory material. The tables in their review are helpful in understanding the pathology of each type of ptosis, the required preoperative examinations and the difference in outcome for each of the suspensory materials.

I believe that these reviews cover most aspects of blepharoptosis surgery. I hope this special issue would be useful for a better understanding of what ptosis surgery is, and what the procedure of choice is for each of the etiologies.

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