Rule Out Lacrimal Gland Prolapse in Blepharoplasty

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ATLANTA — Lateral orbital fullness noted during upper blepharoplasty is usually caused by orbital fat that can be resected, but the finding can be a result of lacrimal gland prolapse, Dr. Hanpaul Makkar said at the joint annual meeting of the American Society for Dermatologic Surgery and the American College of Mohs Micrographic Surgery and Cutaneous Oncology.

Resection of prolapsed lacrimal gland tissue will cause decreased tear production and could compromise aesthetic outcome, so it is important to be aware of this potential finding, said Dr. Makkar of the University of California, San Francisco.

A preoperative examination is imperative. Lacrimal gland prolapse—which results from dehiscence of ligaments that connect the gland to the orbital rim fossa, and which can occur as a result of trauma or the normal aging process—should be suspected if the tissue feels firmer and is more circumscribed than surrounding tissue. Palpation will reveal a nontender, sharply bordered, and easily reducible mass, he explained. However, a nonreducible or tender mass merits work-up for a lacrimal gland tumor or inflammatory process.

Keep in mind that in patients with marked herniation of fat, lacrimal gland prolapse might not be detectable except during surgical exploration.

Correction of lacrimal gland prolapse can be achieved easily by resuspending the lacrimal gland to the orbital rim during the upper blepharoplasty procedure. This step is necessary for a good cosmetic outcome. Dr. Makkar described two of his own patients whose unexpected lacrimal gland prolapse was detected preoperatively. The patients were treated with the resuspension procedure, and outcomes at 6 months were excellent with no signs of recurrent lacrimal gland ptosis, he said.