

Double orbicularis oculi myocutaneous advancement flaps for severe
left upper eyelid contracture due to frontal sinusitis: a case report

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The orbital complications of sinusitis after infections are well known and include lid edema, redness, displacement of the globe, and decreased visual acuity. We experienced a case of frontal sinusitis that caused upper eyelid contracture and subsequent severe adhesion to the superior orbital margin. This complication has not been reported previously. We report this case and describe its surgical treatment. The patient was a 52-year-old man who presented to our department with severe upper eyelid contracture. The left upper eyelid contracture was first noted after contusion of the left orbital region 5 years ago. It worsened thereafter. The patient also had a history of brain contusion surgery 30 years ago and was suspected to have long-term frontal sinusitis. His left upper eye had adhered completely to the superior orbital margin; as a result, he could not close his left eye and had almost lost his vision due to corneal ulcer and infection. The contracture was released by surgery under local anesthesia and the 35×33-mm upper eyelid defect was reconstructed with orbicularis oculi myocutaneous flaps that were raised from both sides of the defect. The two flaps were transposed to cover the defect. At 7 months follow up, the corneal tissue had re-epithelialized and there is no recurrence of corneal infection.