

Vertical Enlargement of the Palpebral Aperture by Static Shortening of the Anterior and Posterior Lamellae of the Lower Eyelid: A Cosmetic Option for Asian Eyelids

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Background: Although double eyelid plasty, levator aponeurotic surgery, and epicanthoplasty are well-accepted cosmetic treatments for Asian eyes, some patients are incompletely satisfied with the outcomes and request further surgery. Although lower eyelid descent is generally recognized as a symptom of aging or a complication after blepharoplasty, the authors propose a perceptual change: a lowering the lower eyelid procedure to vertically enlarge the palpebral aperture in selected Asian patients.

Methods: A total of 125 Japanese patients underwent the lowering the lower eyelid procedure between 2005 and 2009. The main indications were patients with vertically narrow palpebral aperture or an up-slanting appearance. The lowering the lower eyelid procedure is performed by a combination of the removal of approximately 4 to 6 mm of the subciliary skin (usually the lateral one-third to two-thirds of the lower eyelids) and static shortening of the lower eyelid retractors (posterior lamella) through a transconjunctival approach. The middle lamella was not touched during the procedure.

Results: The up-slanting lower eyelid margin was lowered and the lateral part of the palpebral aperture was enlarged by the procedure in all cases. Cosmetic outcomes were encouraging and satisfying to most patients. Three complications occurred (2.4 percent): lagophthalmos in one patient (0.8 percent) and entropion in two patients (1.6 percent). These minor complications resolved within 1 month. Eight revision operations were required for undercorrection.

Conclusions: The lowering the lower eyelid procedure offers Asian patients desiring large oval eyes a novel surgical option. The procedure proved to be a reliable and consistent technique that provided satisfactory results in carefully selected patients. (*Plast. Reconstr. Surg.* 127: 1, 2011.)

A number of previous reports focus on retraction of the lower eyelids, but always from negative points of view. Not only the aging process but also lower blepharoplasty can cause descent of the lower eyelid (occasionally along with medial migration of the lateral canthus), resulting in rounding of the palpebral aperture.¹⁻³ Because these un-

favorable situations are generally candidates for surgical treatment, a considerable volume of the literature describes how to treat and how to avoid lower eyelid malposition such as inferior scleral show and cicatricial ectropion.⁴⁻⁹

Typical characteristics of the Asian eyelid include puffiness, single (nonfolded) upper eyelid, epicanthus, up-slanting appearance, vertically narrow palpebral aperture, and deep-set eyes (Fig. 1). These distinctive features sometimes project an impression of tiredness, maliciousness, or anger. Although a youthful palpebral aperture has been

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