

The YEAR BOOK of

# Ophthalmology

1982

Edited by

**J. TERRY ERNEST, M.D., Ph.D.**

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**J. TERRY ERNEST, M.D., Ph.D.**

*Illinois Eye and Ear Infirmary,*

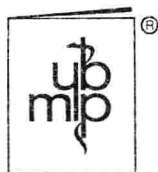
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Acta Ophthalmologica  
Acta Paediatrica Scandinavica  
Albrecht Von Graefes Archiv fur Klinische und Experimentelle  
Ophthalmologie  
American Family Physician  
American Journal of Epidemiology  
American Journal of Medicine  
American Journal of Ophthalmology  
Annals of Allergy  
Annals of Ophthalmology  
Annals of Plastic Surgery  
Annals of the Royal College of Surgeons of England  
Archives of Dermatology  
Archives of Ophthalmology  
Arthritis and Rheumatism  
British Journal of Ophthalmology  
British Medical Journal  
Canadian Family Physician  
Canadian Journal of Ophthalmology  
Cancer  
Chinese Medical Journal  
Clinical Allergy  
Clinical Genetics  
Hospital Practice  
International Ophthalmology Clinics  
Investigative Ophthalmology and Visual Science  
Japanese Journal of Ophthalmology  
Journal of the American Academy of Dermatology  
Journal of the American Medical Association  
Journal of Clinical Neuro-ophthalmology  
Journal Français d'Ophtalmologie  
Journal of Nervous and Mental Disease  
Journal of Neurology  
Journal of Neurology, Neurosurgery and Psychiatry  
Journal of Pediatric Ophthalmology and Strabismus  
Klinische Monatsblaetter fur Augenheilkunde

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Leprosy Review  
Neurology  
Neurosurgery  
New Zealand Medical Journal  
Ocular Therapy and Surgery  
Ophthalmic Research  
Ophthalmic Surgery  
Ophthalmologica  
Ophthalmology  
Pediatrics  
Plastic and Reconstructive Surgery  
Public Health Reports  
Radiology  
Schweizerische Medizinische Wochenschrift  
Southern Medical Journal  
Transactions of the American Ophthalmological Society  
Transactions of the Ophthalmological Society of New Zealand  
Wiener Klinische Wochenschrift

# Introduction

Doctor Hughes' retirement as editor of the YEAR BOOK OF OPHTHALMOLOGY after 22 years marks the 81st year of series publications by Year Book Medical Publishers, Inc. The past two decades have seen exponential growth in ophthalmology, with ultrasonography, computer-assisted tomography, rebirth of intraocular lenses, microscopic closed eye surgery, and new drugs for the treatment of viral disease and glaucoma, to name only a few. Doctor Hughes has helped us through the rapid evolutionary changes in our specialty with care and wisdom. As we look to the future, only one thing is sure: changes will occur at a still faster rate. Some may look with trepidation to a horizon apparently filled with ocular holograms, corneal endothelial cell transplantation, and retinal surgery performed on both the outer as well as the inner retina. We shall miss Dr. Hughes' sage comments on the articles he carefully culled from the world's literature.

In 1901, Casey A. Wood edited the Eye section of the first YEAR BOOK.\* He selected 370 articles from the literature, and, it is interesting to note, approximately two thirds of these were in a foreign language and had to be abstracted into English. He used the *American Journal of Ophthalmology* and the *Archives of Ophthalmology*, as well as *Lancet* and *JAMA*, but Wood relied heavily on the German *Albrecht Von Graefes Archiv fur Klinische und Experimentelle Ophthalmologie* and the *Klinische Monatsblaetter fur Augenheilkunde* and the French *Annales d'Oculistique* and the *Archives d'Ophtalmologie* (combined in 1978 into the

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\*Beginning in 1901, Casey A. Wood edited the Eye section of the Eye, Ear, Nose, and Throat book, which was volume III of the PRACTICAL MEDICINE SERIES OF YEAR BOOKS. He was followed in 1925 by Charles P. Small and in 1931 by E. V. L. Brown and Louis Bothman. In 1934 the volume was distributed separately from the Series as the YEAR BOOK OF EYE, EAR, NOSE AND THROAT, and in 1940 Louis Bothman took over as sole editor of the Eye section. In 1949, Derrick Vail became editor; under his direction, a volume devoted exclusively to the eye was published as the 1957-58 YEAR BOOK OF OPHTHALMOLOGY. Doctor Hughes became editor beginning with the 1959-60 volume.

*Journal Francais d'Ophthalmologie*), plus articles from a host of other foreign presses. Over the years, the pendulum has moved toward more and more articles published in English and Japanese.

Today, over 50 journals devoted to ophthalmology alone are listed in *Index Medicus*, and new ones seem to appear with startling frequency. Moreover, at least that many more journals devoted to other fields have articles of interest to the ophthalmologist. A computer may be used to find information about a particular subject, but, if one is not careful, scores of articles will spew out of high-speed printers and one is back at the beginning.

Year Book Medical Publishers, Inc., currently subscribes to almost 500 journals, and the purpose of the YEAR BOOK series remains the same as its founder, G. P. Head, stated it to be over 80 years ago: ". . . (the YEAR BOOK is) . . . an epitome of much of the best literature of the year put into a volume convenient for reference." I will do my best to maintain the fine tradition established by Dr. Hughes and his predecessors, and I anticipate reading (if not editing) the YEAR BOOK OF OPHTHALMOLOGY on its 100th birthday in the year 2000.

J. TERRY ERNEST

# 1. Lids, Lacrimal Apparatus, and Orbit

## Innovations in Oculoplastic Surgery

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Each year brings innovations to procedures of oculoplastic surgery. Some of these I find helpful; others I modify or discard in preference to methods that have proved valuable through the years.

The Müller's muscle-conjunctiva resection procedure for ptosis continues to provide excellent, predictable results in ptotic lids that elevate to an almost normal level with application of phenylphrine drops into the upper fornix.<sup>1</sup> I now advocate an 8-mm resection if the lid elevates to normal with the phenylphrine test; the resection will vary from 6 to 9 mm if the level is slightly higher or lower, respectively, than normal.

The levator aponeurosis advancement-and-tuck procedure for ptosis is an alternative method to elevate eyelids with acquired ptosis.<sup>2</sup> Although a disinsertion of the levator aponeurosis seems to be the etiology in most cases of acquired ptosis, reattachment of the recessed levator to tarsus does not provide as high a success rate as does the Müller's muscle resection procedure. I therefore advocate the Müller's muscle procedure for lids with acquired ptosis that elevate to normal with phenylphrine and recommend the levator aponeurosis advancement-and-tuck procedure for those lids that do not elevate to normal with this test.

Epstein and I<sup>3</sup> recently have demonstrated that ptosis



secondary to levator aponeurosis disinsertion can also occur from the repeated insertion and removal of contact lenses.

The suture tarsorrhaphy system has decreased the incidence of exposure keratopathy after ptosis surgery.<sup>4</sup> The gradual opening of the eyelids, by the progressive removal of the lid sutures, permits the cornea to adapt slowly to its new unprotected state.

A graded excision of Müller's muscle, with or without stripping, and recession of the levator aponeurosis under sensory anesthesia without motor anesthesia brings thyroid-retracted lids to a normal level in about 95% of patients.<sup>5,6</sup> If the result is not acceptable, the simplified levator recession or internal vertical eyelid shortening procedure can bring the success rate to almost 100%.<sup>7,8</sup>

Basal cell cancer can be treated successfully almost 100% of the time by a full-thickness resection of the lid under frozen-section control.<sup>9</sup> It also seems to be the method of choice for cancer of the meibomian glands.<sup>10</sup>

The transmarginal rotation procedure for entropion has a greater than 90% success rate in the treatment of cicatricial entropion that is not associated with ocular pemphigoid.<sup>11</sup> By varying the distance of the incision from the lid margin and the position where the sutures exit in the margin, additional control of the procedure is obtained.<sup>11</sup> Pemphigoid is a more difficult problem, and the success rate of the transmarginal rotation procedure is only about 65%.

Hamako and Baylis<sup>12</sup> have described a new technique to treat lower lid retraction that may occur after cosmetic blepharoplasties. The authors release the internal lid adhesions from the inferior orbital rim and elevate the lid through a lateral canthal shortening, as described by Tenzel.<sup>13</sup> For severe cases, they advocate a graft of ear cartilage.<sup>14</sup> Ear cartilage is proving to be an excellent material to add vertical dimension to the retracted lower eyelid.

Conjunctivodacryocystorhinostomy with Silastic intubation of the canaliculi is a procedure advocated for those patients who have a partial obstruction of the upper and lower canaliculi, complete obstruction of the common canaliculus or a single canaliculus, or paresis of the orbicularis muscle.<sup>15</sup> It allows the surgeon to preserve the normal lacrimal