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OPERATION FOR ENTROPION AND TRICHIASIS BY A NEW METHOD.*

By Professor Lagleyze.

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(Translated from the Spanish by Dr. Frank Ring, of St. Louis.)

The most frequent complication of granular conjunctivitis is entropion of the upper lid, consecutive to the tarso-conjunctival cicatricial retraction. This may also follow diphtheritic conjunctivitis, as well as burns, wounds and ulcers of the palpebral conjunctiva. Trichiasis, the simple deviation of the lashes towards the globe, derived almost always from blepharitis and granular conjunctivitis, presents a symptom-picture similar to that of entropion, and in the majority of cases the operation here described is adaptable for both.

The alterations which these palpebral deformities exercise upon the cornea, comprising its transparency, have always occupied the attention of the most distinguished surgeons.

Numerous methods have been suggested to overcome the entropion of the lids.

It is not my purpose to discuss their merits, nor to elucidate the successive progress of the different operative procedures. But, I declare that, after having tried the principal methods, I have not met one to satisfactorily fill all the requirements. It is undoubted that the frequent failures in the cases of entropion, and the just reproaches occasioned by bad esthetic results, have animated the ingenuity of the surgeon, and have led to the search for better methods. So that, today, the operation for entropion is one of the topics most interesting and attractive for the ophthalmic surgeon.

For the past ten years I have practiced, exclusively, in entropion, whether of the upper or lower lid, a method of my invention, which I have used in more than three hundred cases, without reproduction or injury to the normal aspect of the palpebral opening or to the lids.

My operation does not require general anesthesia, as many other methods do, local anesthesia being sufficient; the instillation of a few drops of cocain solution over the globe, and the

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injection of the same solution under the skin of the lid to be operated upon. To the cocain solution I add chlorhydrate of adrenalin (solution of Takamine) for the purpose of preventing or diminishing the slight hemorrhage, and also to augment the anesthetic action of the cocain.

The necessary instruments are: a needle-holder, a bistoury, a pair of scissors to cut the threads of the sutures, which are to be of silk, and introduced by means of a number of curved needles of three centimeters in length, more or less. For a complete entropion I employ six needles; for a partial entropion I use a number in proportion to the extent of the entropion.

After sterilizing the instruments, and making the region and field of operation aseptic, I proceed to operate in the following manner:

First. Eversion of the lid, in such a way that the limits of the superior border of the tarsal fibro-cartilage are easily presented in the field of operation.

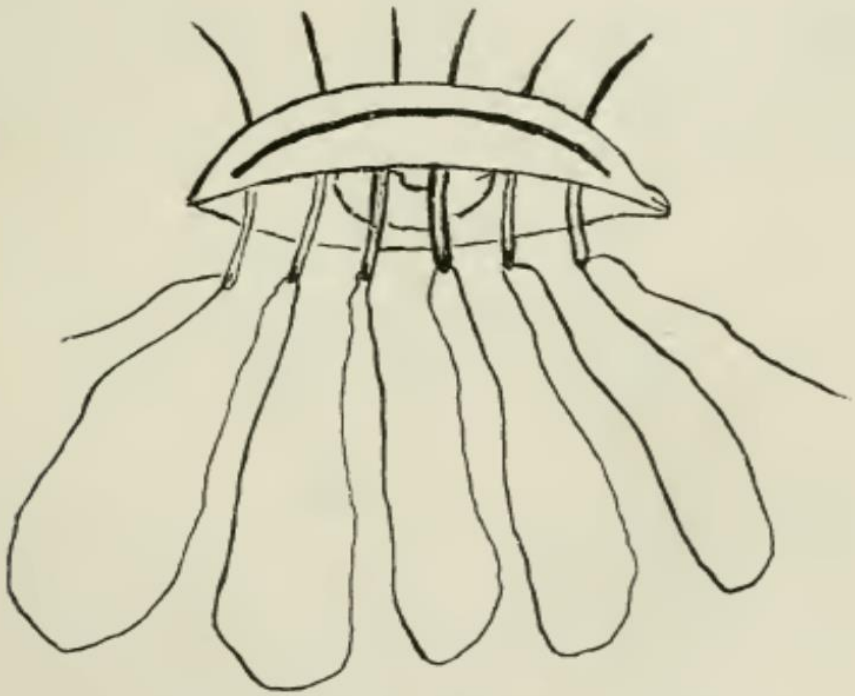
Second. Penetration of the needles into the conjunctiva, at the level of the tarsal superior border; slipping them between the fibro-cartilage and the skin, traversing the cellular tissue and orbicular muscle, and issuing through the free palpebral border, at the level of the angle of implantation of the lashes. The needles should not be passed entirely through, but, should be disposed so as to form a picture like that in Critchett's amputation. The needles should be spaced equidistant, it being advisable to commence by placing the first in the centre, in order not to be preoccupied by maintaining the lid everted, then insert the others adjoining the centre until the angles are reached.

Third. Incision of the conjunctiva and of the tarsal cartilage parallel to the border of the lid, approximately to three millimetres from the free border, from one extreme to the other if the entropion is complete. In partial entropion the incision must be made in proportion to the deformity, it being preferable, always, to extend the incision beyond the limits of the entropion.

The incision is to be made with a bistoury, energetically, until obstructed by the needles, it being evident that a good result depends principally upon a good division of the tarsus.

Fourth. Pass all the needles and use traction upon each of them, with the object that the deep loops of the thread are adapted to the surface of the conjunctiva. Immediately after the withdrawal of the needles, the lid returns to its former

position. The ends of the threads which issue from the palpebral border must be separated so as to obtain five loops, if six needles have been employed. The ends corresponding to each loop should be strongly adjusted to a small roll of gauze. Making the knots in this manner, the free border is not damaged, the sutures are not lost in the ulcerated tissues, and consequently present no difficulty in withdrawing them, and besides the guidance has a place for a more uniform action in all the length of the lid, a thing which is impossible when the points are separated and compressed directly over the palbebral border. The advantage of this suture is due to the

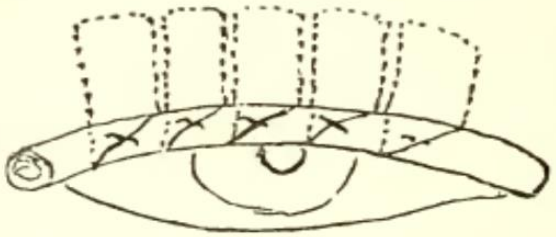


fact that the loops are successive without solution of continuity, thus obtaining a number of loops equal to the number of needles employed, less one.

The sutures are to be withdrawn at the end of seven or eight days.

The mechanism of this operation may be grasped with facility: the palpebral border, from the point of incision takes a contrary direction, is directed forward to such a point that if it is desired to exaggerate the effect, it may provoke a slight ectropion. The angle left by the incision forms a wedge which cicatrizes by second intention filling the tissues with a new growth, and the length of the threads which maintain the

corrective incurvation produces cicatricial lines which assist in the definite cure of the entropion. Perhaps the description given might give rise to a suspicion that some difficulty exists in the operative method, which I regard as very easy, to the extent that no great manual dexterity is required. It might, also, be argued that operative accidents might be encountered, as Dr. Pechin, of Paris, has claimed in making a paralell between my operation and that of Panas. I will not aim to refute the imaginative dangers cited by this surgeon, since they do not exist, and since to pretend to provoke them would be impossible, such, for example as to make button holes in the skin, etc. He has attributed these defects to my operation, with the sole object of augmenting the merits of that of his master, the lamented Professor Panas, whose operation is, without doubt, preferred by Dr. Pechin. The only thing which I will say regarding the parallel mentioned, is, that to



criticize an operative procedure it is necessary to have practiced it at least once, or to have seen it executed, and I suspect that neither one nor the other has been done in this case. The facts are not questions of faith, nor hypothesis, nor theories; and judgment must be based on experience, verifying the results, both immediate and remote.

The purpose of this communication is to make known the modification which I have introduced in the manner of executing the suture which formerly was made with points separated. The object which guides me is the desire to see my operation come into common use, making it known to the greatest number of surgeons, with the end in view that they may try it, and compare it with other methods now employed.

In the Argentine Republic there are several surgeons who use it, and they have manifested their satisfaction. In Italy, Dr. Zanoti has done it several times, and he says of it: "I find the method of Lagleyze treating the straightening of the lids, very rational; this operation, besides being quite simple, accomplishes its purpose entirely. It has given me the best

results, which have been lasting, and I have had no complication." The number of cases of entropion and trichiasis operated by this author in four years (1894-1897) reaches eighty-five, in some of which he has used the operative method of Panas and Arlt, and sometimes that of Gayet in partial entropion, internal or external.

Accompanying this communication are two illustrations, the first shows the three first steps of the operation, and the second represents the operation terminated; the dotted lines indicates the course of the threads.