

### Mustarde cheek rotation flap

A semicircular skin flap is raised from the lateral canthus just in front of the ear. It is rotated to advance the lateral part of the lid. The posterior lamella is reformed with a free mucos membrane graft or a nasal septal cartilage graft.

This is a useful operation for the repair of large lower lid defects where a lateral cantholysis and lateral slide do not suffice. It can also be used to fill the secondary defect left by a full-thickness lower lid rotation flap.

### Modified Tenzel flap

This operation may be used to augment a lateral cantholysis in the lower lid by providing extra skin for anterior lamellar reconstruction. It involves making a rising incision laterally from the lateral canthus through skin and orbicularis. This allows advancement of the skin and muscle flap to which the tarsal remnant is attached, thus permitting further horizontal mobility.

### RESULTS

Out of all 54 lesions that were given for histopathological examination, 36 proved to be malignant. In 3 cases, radical excision was incomplete. Two of them were operated on again and one was controlled regularly in the next 12 months without any signs for disease relapse.

There was one real relapse of BCC localized on the medial canthus. The first result proved that the excision had been completely done in healthy tissue, but after 9 months clear clinical signs for relapse had appeared. The patient was operated on again. The second PHA showed healthy tissue. In all patients, areas were completely closed with primary closure. Cosmetic result was highly satisfactory. There were no complications or reoperation. Skin graft became similar to the surrounding tissue regarding the color, structure and fitness. The eyelids were symmetrical with normal activities and they proved normal shadow for the cornea.

In spite of extensive reconstructive interventions that were made in patients, the number of complications was very small.

Epiphora was present in 4 cases, there was no need of reconstruction for another lacrimal drainage. Triage was made in only one case.

Little cosmetic defect was present at three patients: one patient had ectropion on the inferior eyelid, one rotation on the lateral canthus and one was with ptosis. There was no need for corrective surgery.

Healing of the full-thickness graft with fibrosis, as a result of haematoma under the graft was present in only one case. There was no need of another surgical intervention, because the external look was acceptable.

Bad cosmetic effect appeared in one patient, but there was no need for correction.

Complications on the donor site of skin graft: one patient had prolonged unhealing on the medial site of the arm, where skin graft with dimension 30x60 mm was taken. The wound healed with granulation and made scar. Three weeks after the operation, one patient had problems in carrying the glasses, because of the sensibility of the retroauricular wound.

### DISCUSSION

Skin cancer of the eyelids are successfully treated with wide excision of the cancer and closure of the wound. Surgical techniques that are presented in this study are simple ones. PHA defined both the diagnosis and the excision. Surgery does not cause serious complications of the nearest tissue that is not involved in the neoplastic process.

Lederman (1976) wrote about 13,6% serious complications as a result of necrosis of the eyelid, cornea ulcer, cataracta after the radiation, and total loss of the eye. In 12% there were telangiectases, 7% deformations on the eyelid, 10% epiphora and relapse in 10%. This study was made on 896 patients, out of which 90 was only seen but not treated. Rank (1973) showed that outpatient surgery with local anesthesia is cheaper than radiotherapy.

### CONCLUSION

This study has shown that primary surgery can effectively treat eyelid cancers, no matter of their dimension or localization. Most of the surgical procedures, described in this study are very simple and can be performed in only one act, with local anesthesia. Because of this, surgery is the initial choice in treating this type of cancer. The analyses made at our Clinic have confirmed that excision of the periorbital skin cancer and reconstruction are efficient ways in treatment of periorbital cancer.