Temporary ectropion therapy by adhesive taping

Schrom T1, Hözl M1, Thelen A1, Habermann A2

1 Klinik für Hals-, Nasen-, Ohrenkrankheiten, Universitätsmedizin Berlin, Charité Campus Mitte (Direktor: Prof. Dr. med. H. Scherer)
2 Klinik für Augenheilkunde, Martin-Luther-Univ. Halle-Wittenberg (Direktor: Prof. Dr. med. G. I. W. Duncker)

Introduction: Various surgical procedures are available to correct paralytic ectropion, which are applied in irreversible facial paresis. Problems occur when facial paresis has an unclear prognosis, since surgery of the lower eyelid is usually irreversible [1]. We propose a simple method to correct temporary ectropion in facial palsy by applying an adhesive strip.

Materials and methods: Eyelid weights were primarily implanted to correct lagophthalmos in 10 patients with peripheral fascial paresis and paralytic ectropion (Fig. 1 a,b). The ectropion was temporarily treated by taping with “Steri-Strips” (45 x 4 mm) on the carefully cleaned skin of the lower eyelid and of the adjacent zygomatic region (Fig. 2 a,b) until the prognosis of the paresis was clarified. In addition to the examiner's evaluation of the lower lacrimal point in the lacrimal lake, subjective improvement of the symptoms was assessed using a visual analogue scale (VAS, 1-10).

Results: Ten patients (5 female, 5 male, median age 69.3 years) were treated with an adhesive strip to correct paralytic ectropion. 9 patients reported a clear improvement of the symptoms after adhesive taping. There was a clear regression of tearing (VAS (median)=8; 1=no improvement, 10=very good improvement), the cosmetic impairment of the adhesive tape was low (VAS (median)=2.5; 1=no impairment, 10=severe impairment) and most of the patients found the use of the adhesive strip helpful (table 1). There was slight reddening of the skin in one case and well tolerated by the facial skin in the other cases.

Discussion and conclusion: The cause and location of facial nerve damage are decisive for the type of surgical therapy [2]. In potentially reversible facial paresis, procedures should be used that are easily performed and above all reversible without complications. Until a reliable prognosis of the paresis can be made, adhesive taping is suited for the temporary treatment of paralytic ectropion. Adhesive taping is simple and can be performed by the patient.

Literature: