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Orbital Decompression with Lateral Wall Expansion. Manso, P.G.; Abreu, M.T.; Pereira, M.D.; Paves, L.; Nakanami, D.; Furlanetto, R.P.; Wolosker, A. M. B.

Purpose: Evaluate proptosis reduction with a new decompressive procedure.
Methods: From October 95 to July 2000, twenty orbits of 15 patients were submitted to an orbital decompression by anterior approach. The 10 women and 5 men ranged in age from 24 to 69 years. One patient had optic neuropathy, one had glaucoma, three had exposure keratitis and ten patients received surgery for cosmetic reasons. Only one patient exhibited inflammatory ophthalmopathy pre-operatively. All patients underwent endocrine and ophthalmic examinations and at time of surgery all of them were euthyroid. The ophthalmopathy disease activity was based on A-Scan ultrasound, Magnetic Resonance Imaging and in the Mourits clinical criteria. All patients' orbits were decompressed by anterior approach, into medial and inferior wall. Osteotomy with additional expansion of the posterior region of the lateral wall using miniplates, keeping this wall parallel to medial wall.
Results: The average of ocular retroplacement range from 5mm to 12mm, average 6.85mm with this procedure. With the exception of a transient infra-orbital hypoesthesia (4 patients), and orbital hematoma (1), there were no surgical complications or secondary strabismus. All patients improved their clinical conditions and cosmesis after surgery.
Conclusion: This technique is safe and effective in reducing proptosis, decompressing the optic nerve, reducing intraocular pressure and improving appearance. The anterior approach reduces intraoperative time and has better acceptance by the patient.