

LOWER-LID SWITCH FLAP TO MAINTAIN FUNCTION AND AESTHETIC RESULTS OF UPPER EYELID AFTER FULL-THICKNESS WIDE EXCISION OF SQUAMOUS CELL CARCINOMA

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Background: Eyelid tumors are relatively rare and heterogeneous. Malignant eyelid tumors tend to display aggressive histopathological behavior, complete surgical excision is essential in their management. Achieving maximal preservation of both cosmetic appearance and function remains a challenging task even for experienced surgeons.

Objective: To describe a two-stage lower-lid switch flap technique for reconstructing the upper eyelid and preserving its function after full-thickness wide excision of squamous cell carcinoma.

Methods: A case report of a 45-year-old man with squamous cell carcinoma of the right upper eyelid.

Result: Reconstruction after full-thickness excision involving more than 75% of the upper eyelid must not only close the defect but also preserve eyelid function. The procedure was performed in two stages: the lower-eyelid flap was first attached to the upper-eyelid defect, and the flap was divided after 21 days. In this case, the defect was closed using a lower-lid switch flap based on the marginal arcade, a technique chosen to preserve the tarsal plate and levator palpebrae muscle so that eyelid opening and closing remained functional. This approach yielded good functional and aesthetic outcomes without complications.

Conclusion: Malignant neoplasms are a leading indication for reconstructive surgery in the periorbital region. Closing an upper-eyelid defect without reconstructing the levator palpebrae

muscle is restored and the tarsus is preserved as the lid margin, thereby maintaining eyelid function.

Keywords: eyelid malignancy, eyelid reconstruction, lid switch flap, full-thickness defect, skin flaps.