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Sunken eyelid in Asians

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"Sunken eyelid", also known as superior sulcus deformity, deep superior sulcus, sunken upper eyelid, sunken superior sulcus, which commonly describes "a deeply sunken area between the upper eyelid and upper edge of the orbital bone," (1) Often associated with fat atrophy and resultant retraction of the upper eyelid skin, orbicularis muscle and orbital septum.

Common causes include genetic predisposition, traumatic, iatrogenic (excessive fat removal due to upper blepharoplasty), weakening of supporting structure, e.g., Lockwood ligament and rouveau phenomenon with age and prostaglandin-associated periorbitopathy (PAP).

Treatments mainly include upper blepharoplasty surgery for those with ptosis and previous upper eyelid surgery; for those with a preexisting upper lid volume deficit, treatment focuses on volumizing the depressed area. About 7.2% of patients (49/680) experienced complications following sunken eyelid treatment, with 4.3% requiring repeat operation, while no reported severe complications. (2) Recent evidence suggests that the presence of periorbital septum fibers (PSF) may have a role in the development of superior sulcus depression. Since PSF may act like a horizontal tension band constricting the orbital soft tissue that compresses and limits the protrusion of the orbital fat pad and restricts the elevation of the upper eyelid, resulting in pseudoptosis, superior sulcus deformity and multiple upper eyelid folds. Therefore, dissection of the PSF during open surgery will release the

trapped orbital fat for repositioning. (3) Despite prevalent amongst our population, several grading scales exists, none universally accepted as a standard classification. Future studies should look into a validated rating scale that allow us to categories sunken eyelid and formulate a standardized treatment plan.

Recent Publications

1. Lam PKW, Lam JY, Lee AKW, Luk CWL, Tam PMK, Lee CH- Outcome of mid- and lower face lifting using bidirectional cone sutures at 6 months and 1 year. *J Cosmet Med* 2021- 5- 36-39.
2. Lam PKW, (2020) How to correct and prevent mid-face widening after using floating (or non-fixation) type polydioxanone thread-lift, *Journal of Cosmetic Medicine* 2020- 4(2):96-100
3. Lam PKW, Lam JY, Lau KC, Luk WL (2020) Early results of bidirectional cone sutures for mid-face lifting in Asian patients, *Journal of Cosmetic Medicine* 2020- 4(1):12-16

Biography

Lam practices in cosmetic surgery mostly dedicated to fields of blepharoplasty, rhinoplasty, thread-lifting, autologous fat grafting in the face and body contouring. Within the realms of aesthetic artistry, Lam generates her hallmark by accentuating the natural beauty of human beings that define their characteristics and personalities. In a world where medical sciences continually advance, Lam acquires the most up-to-date cosmetic technologies through her extensive training across Korea, Taiwan, Europe and the USA, with preeminent aesthetic societies including TAAMS, IFAAS, ECAMS, AACS and AFFPRS.

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