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Challenges in the treatment of paralytic eyelid syndrome

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Abstract

Paralytic eyelid syndrome remains one of the most challenging aspects of treating patients with facial paralysis. Avoidance of corneal desiccation is the universal priority. Previously-published treatment algorithms do not include more-recently published surgical innovations (including the BOOM flap and modified Hughes flap for eyelid coupling). These additional techniques have certainly changed the treatment paradigm at institutions that have incorporated them. Given the protean clinical presentations and presence of comorbidities such as ipsilateral 5th nerve palsy and negative vector relationship, an individualized approach is necessary but the authors' current algorithm (including detailed descriptions of the recent surgical innovations) is presented.

Biography

J Madison Clark, MD, FACS, is the Professor and Chief of the Division of Facial Plastic and Reconstructive Surgery and Director of the Facial Plastic and Reconstructive Surgery fellowship at the University of North Carolina, Chapel Hill, NC, USA. He has over 40 publications, including one of the most accessed articles published in 2019 by Laryngoscope. His primary clinical and research interests are in surgical innovations in eyelid surgery, facial reconstruction, and rhinoplasty.



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