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Radiosurgery found valuable in treatment of trichiasis, surgeon says

The technique yields good results without the side effects of other methods. It also works well for distichiasis.

by Jay Justin Older, MD
Special to Ocular Surgery News

Trichiasis is a common problem facing most ophthalmologists. The simpler forms are usually related to chronic blepharitis and the more refractory types may be associated with ocular cicatricial pemphigoid or Stevens-Johnson syndrome. Various treatments are available but all have their pros and cons. The more common ones are epilation, electrolysis and cryotherapy.

In my oculoplastic practice, I see patients referred with severe trichiasis

as well as the more common variety. I have had excellent results using radiosurgery to remove individual lashes. This also works well for distichiasis, which is easier to treat because there is usually a normal hair shaft.

Radiosurgery

The principle of radiosurgery is to use high-frequency low-temperature radio waves to destroy selected tissue. With high-frequency radio waves, there is very little collateral heat and tissue damage. This means less chance of causing nearby lashes to become

distorted or grow abnormally. There is also essentially no destruction of surrounding tarsus or nearby skin.

Ellman International makes a special radio-frequency microfiber electrode for distichiasis. The electrode is insulated except for the tip, and is narrow enough to fit into the lash shaft. I pass it down the shaft as far as it will go. With a low setting of 10 or 20 on the Dual Frequency Surgitron, I give a short burst of energy to try to kill the root and bulb. If the lash is killed, it can be removed with a smooth forceps with no resistance. If the lash is still alive, there will be some resistance and I will give another burst of energy. Once the lash root is killed, it will not return. The rate of recurrence using this method is minimal.

The more difficult trichiasis prob-

lems are with patients who have ocular cicatricial pemphigoid. In these patients the lashes grow abnorm-

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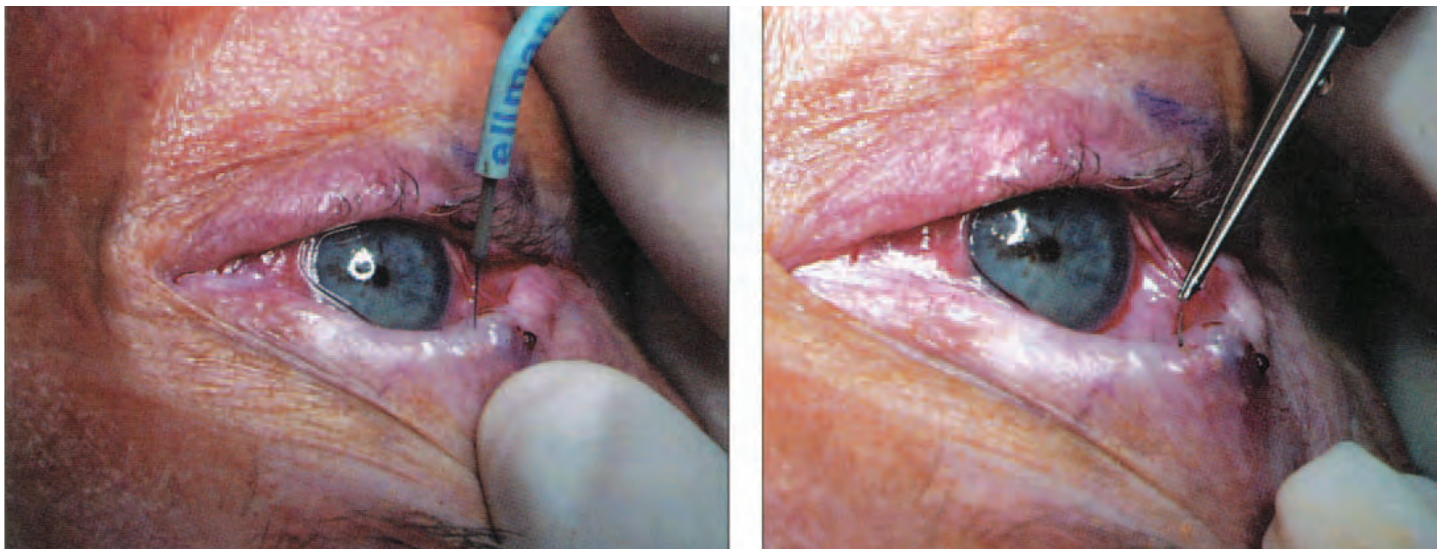
— Jay Justin Older, MD

ally and seem to push through the skin. There is usually no hair shaft in which to insert a thin needle. For these patients, I use the A-10 needle on a cut setting with relatively low power.

With the power on, I pass the needle along the hair follicle until I feel I have reached the root. The needle creates its own path. The hair follicle may come out when I withdraw the needle or I might have to remove it with a forceps. If it can be removed without any resistance, I assume the lash is dead and will not return.

If there are clumps of abnormal lashes, I use the A-8 electrode on the hemo setting and cut out a block of tarsus that includes the abnormal lashes. I allow this area to granulate. In some cases, I will evert the eyelid with sutures to be sure there is no tendency for the lid to rotate toward the globe. The results with this technique have also been very satisfactory.

In summary, I believe the use of radiosurgery to treat trichiasis gives excellent results without the side effects that can occur with some of the other methods of trichiasis control.



Patient with ocular cicatricial pemphigoid. A-10 electrode (left) being passed alongside abnormal lash. Forceps (right) pulling lash from upper lid.

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