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EDITOR'S INVITED COMMENTARY

Invited Response on: "Minimally Invasive Conjoint Fascial Sheath Suspension for Blepharoptosis Correction"

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We sincerely thank the authors for the valuable and noteworthy commentary to our study on the correction of blepharoptosis using CFS suspension by a minimally invasive approach [1].

First, we would like to re-emphasize that in this article the selection of the patients was those with mild-to-moderate blepharoptosis and intact CFS, rather than congenital and/or acquired deformity. Besides the cases reported in the original article, we performed CFS suspension on four patients older than 35 years with a follow-up for at least 1 year. Among them were two patients, aged 42, with mild blepharoptosis on the left eye and bilateral eyes, respectively, one patient aged 37 was diagnosed with moderate ptosis on the left eye, and a 52-year-old patient was diagnosed with bilateral mild blepharoptosis. All of them received satisfying results. But since the sample is relatively small, we cannot draw a safe conclusion on the efficacy of the surgery in older patients, and further investigation is needed. In terms of traumatic ptosis, we need to make sure that the CFS is intact. Only patients with mild blepharoptosis are suitable candidates, because in patients with moderate or severe post-traumatic ptosis, trauma often left a scar in the deep tissue causing malposition. Simply suspending CFS without rearranging the underneath tissue can hardly correct ptosis. Unfortunately, all of our patients are Asian, and we hope that this method would be practiced internationally which would help to verify the validity of this method for Caucasain patients.

The next major concern the authors express in their commentary is the follow-up term. We agree with the authors that a longer follow-up period is needed to evaluate the surgical results. And we would extend the follow-up period with the current cases to see the long-term effect. So far, our result showed overall decent results with no recurrence. If ptosis re-occurs, we recommend patients undergo a secondary surgery, such as levator aponeurosis–Muller muscle complex advancement.

The final main concern expressed by the authors that we would like to address is the use of a traditional anterior levator aponeurotic approach. Levator aponeurosis advancement is an effective technique that is used routinely to correct involutional ptosis. Many modifications and refinements have been made. But as it exposes the preaponeurotic fat pad and the anterior surface of levator, it inevitably disturbs the biological structure of the upper eyelid causing minor complications, including transient edema, ecchymosis and hematoma [2]. Saonanon et al. [3] reported similar effectiveness in correcting mild-to-moderate blepharoptosis with external elevator advancement and Müller muscle–conjunctival resection, but a better cosmetic outcome and less eyelid asymmetry in the Müller muscle–conjunctival resection group. Our method

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minimally disrupts upper eyelid anatomy and induces no discomfort nor foreign body sensation. For mild blepharoptosis, one or two suspension sutures were applied, whereas three or five suspension sutures were applied for moderate ptosis. Specifically, during the surgery, three suspensions were placed and see the immediate effect. If the eyelid is below the ideal level, then another two suspension sutures are added.

In the future, we would like to assess the efficacy and complication rate of surgical correction of involutional ptosis using minimally invasive CFS suspension or anterior levator aponeurosis advancement in relation to preoperative levator function. Meanwhile, we would also like to continuously explore the possible least invasive and effective means of correcting blepharoptosis.

In the end, we would like to extend our sincere gratitude for your interest, suggestions and recommendations regarding our article to further advance this endeavor. Thank you.

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflicts of interest to disclose.

Human and Animal Rights This article does not contain any studies with human participants or animals performed by any of the authors.

Informed Consent For this type of study, informed consent is not required.

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