

## **Epicanthal Folds**

- Epicanthal folds are oblique or vertical folds from the upper or lower eyelids towards the medial canthus.
- Usually bilateral, they may involve both the upper and lower eyelids.
- These folds are caused by excessive development of the skin across the bridge of the nose.
- Produce pseudoesotropia

# Evolution of the Epicanthus (Kwon's Theory): Etiology and Processes

- \* Underdeveloped nasal bone,
- \* An excess of horizontal medial canthal skin relative to the vertical skin shortening,
- \* An excess of orbicularis muscle, and abnormal skin tension are causes of the epicanthus

# Classifications of Epicanthus Fold

#### Туре

- Full exposure of the lacrimal lake
- There is no epicanthal fold in this type

#### Type II

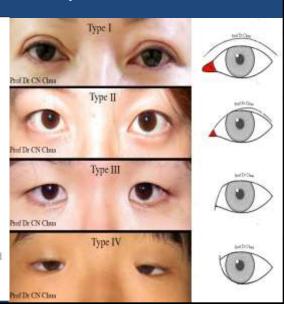
- Partially covers the lacrimal lake
- The epicanthal fold joins the skin at the margin of the lacrimal lake

### Type III

- The lacrimal lake and caruncle are covered almost completely
- Fold in the lower eyelid curves laterally to blend in with the lower eyelid skin
- Round medial palpebral fissures

#### Type IV

- Rare anomaly of the reversed epicanthal fold
- Fold originates from the lower eyelid and blends with the upper eyelid skin



# Epicanthus are classified by Duke-Elder into 4 types :

### **Epicanthus superciliaris:**

fold originates from the brow and follows down to the lacrimal sac

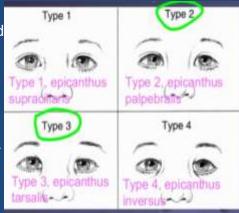
## **Epicanthus palpebralis:**

involves both upper and lower eyelids

### **Epicanthus tarsalis:**

fold most prominent along upper eyelid

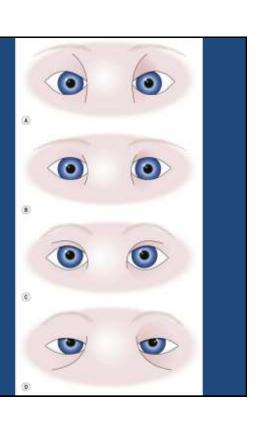
**Epicanthus inversus:** most prominent along lower eyelid

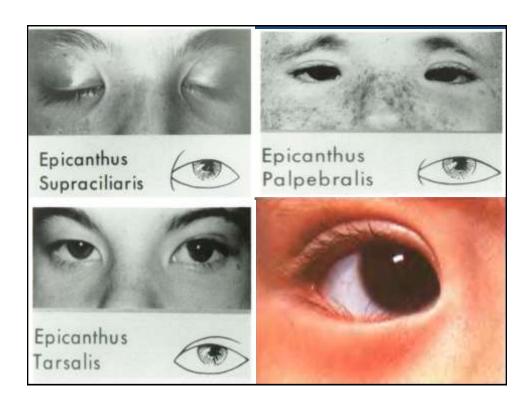


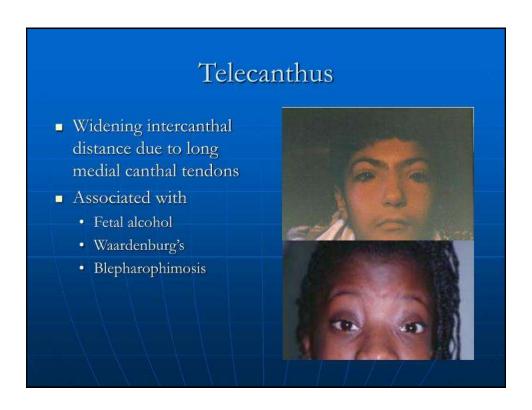
2 and 3 are the most common in Asians

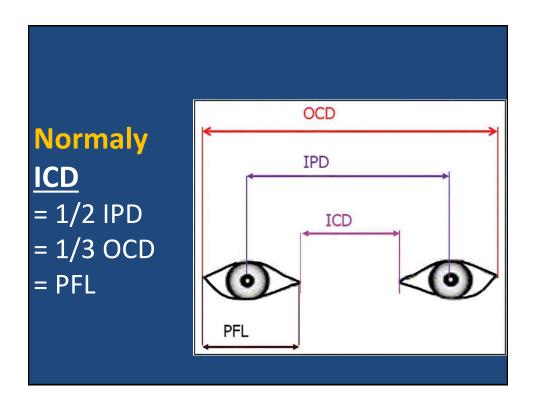
# **Epicanthus.**

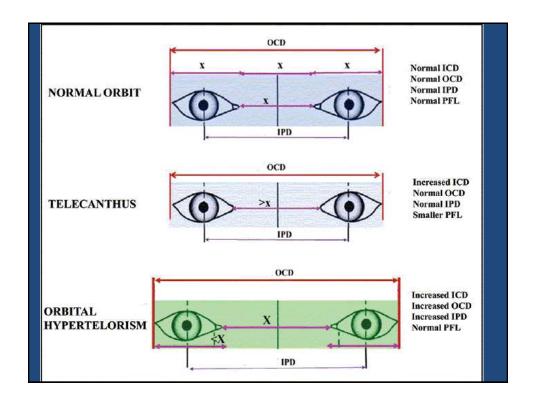
- (A) Superciliaris;
- (B) palpebralis
- (most frequent);
- (C) tarsalis
- ("Asian
- epicanthus");
- (D) inversus



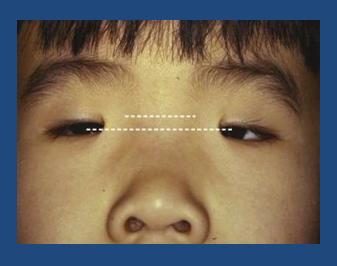








## **Telecanthus**



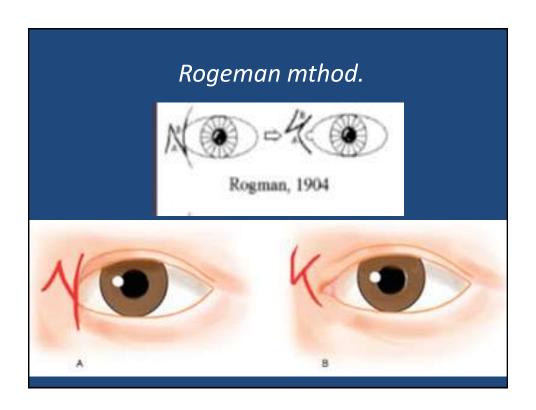
## **EPICANTHOPLASTY**

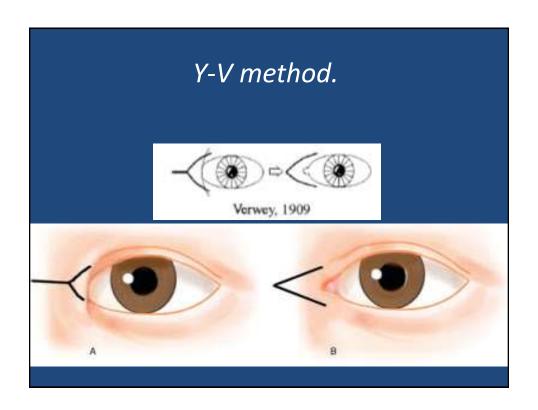
The goals of the surgical treatment of the epicanthal fold :

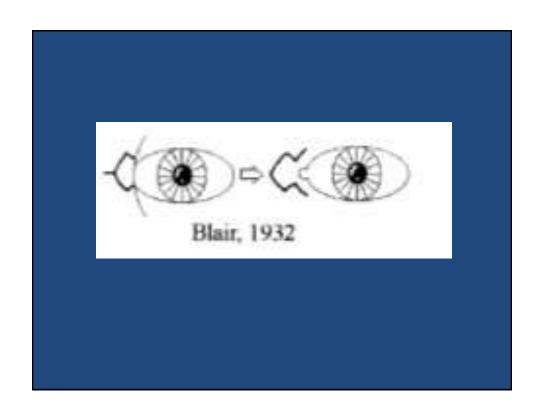
are elimination of the fold and establishment of normal relationships between the different anatomic structures with a minimum of scarring.

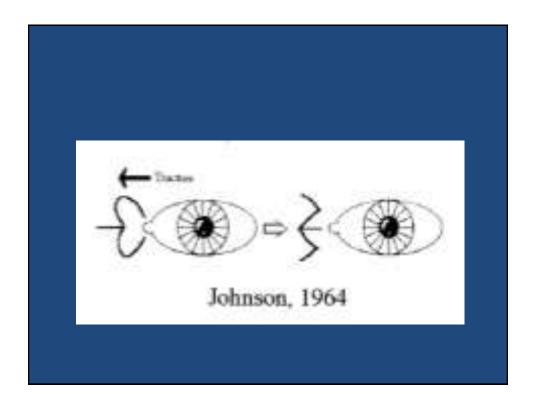


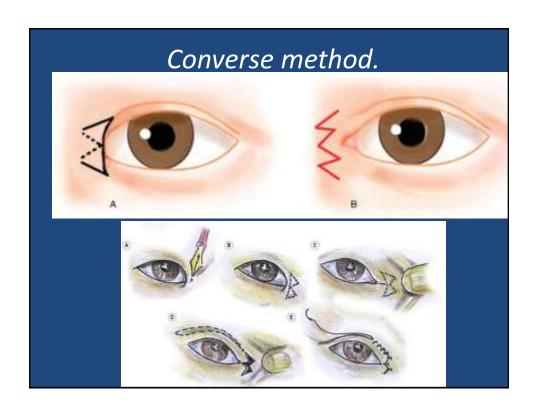


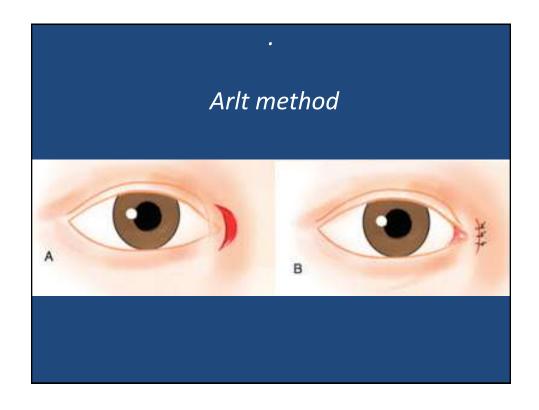


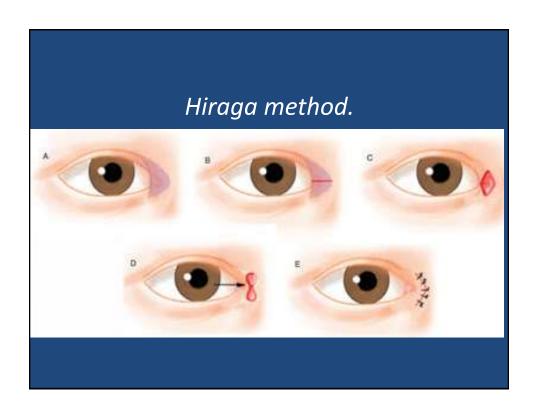


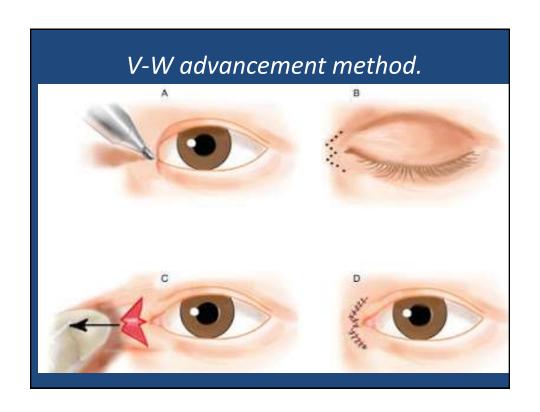


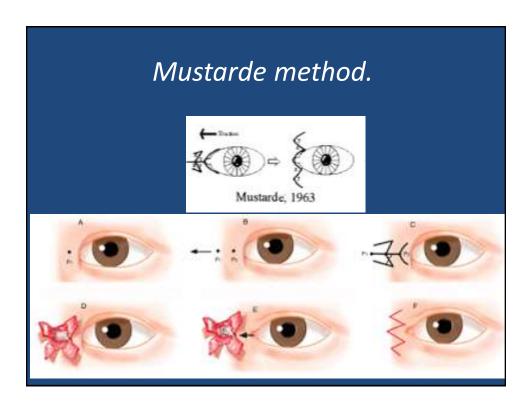


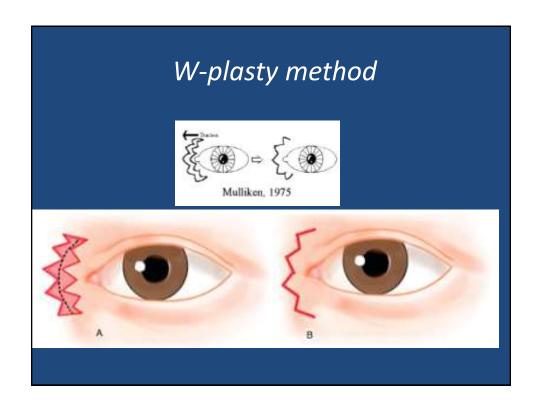


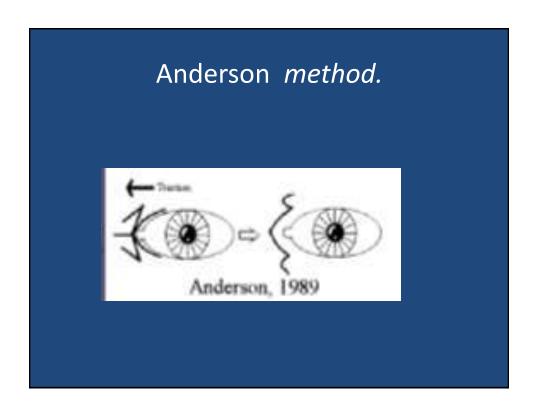


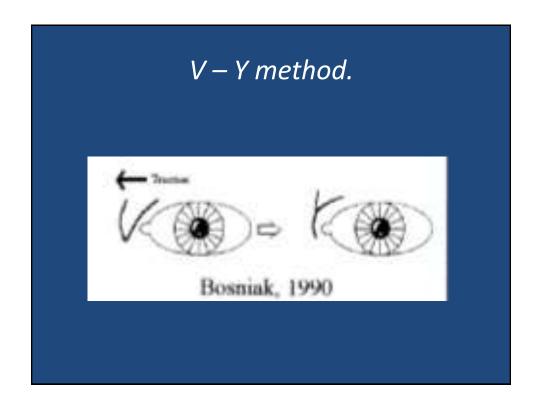


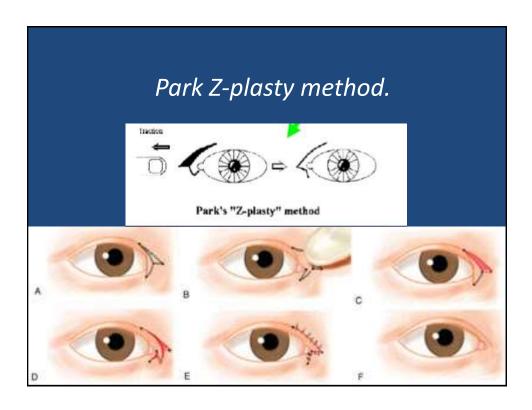






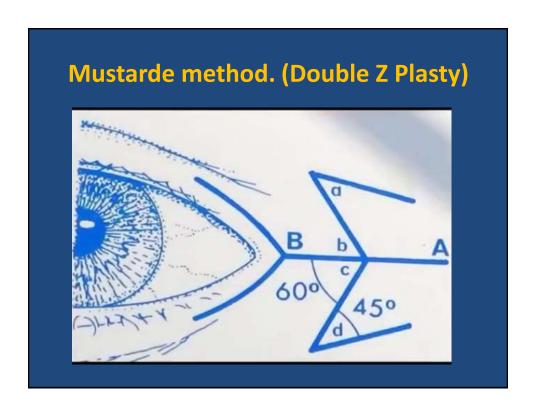


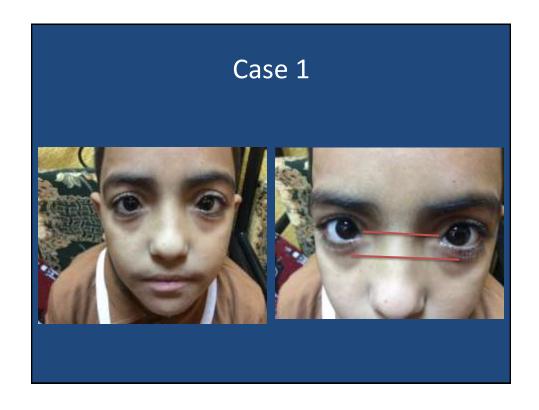




# The most popular techniques

- \* Mustarde method. (Double Z Plasty) •
- \* Y-V Plasty •
- \* Combind epicathoplasty and doubled eyelid surgery (Park Z-plasty method).

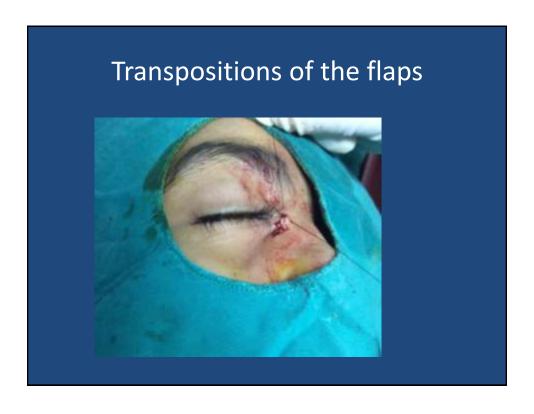










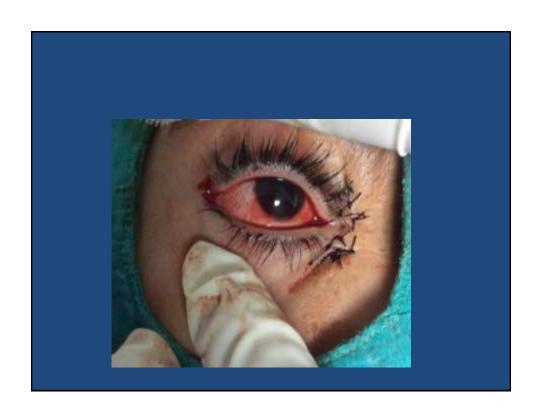






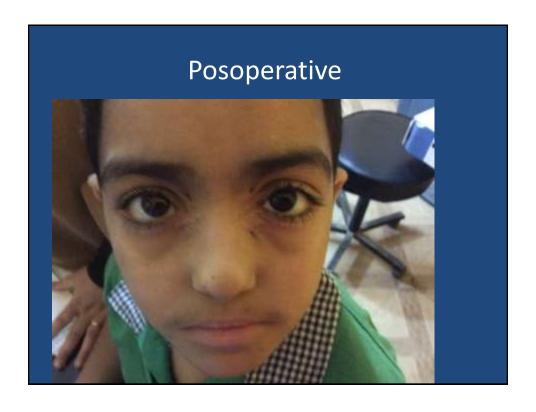






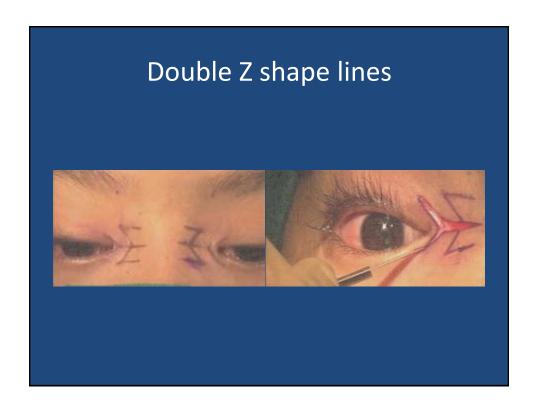


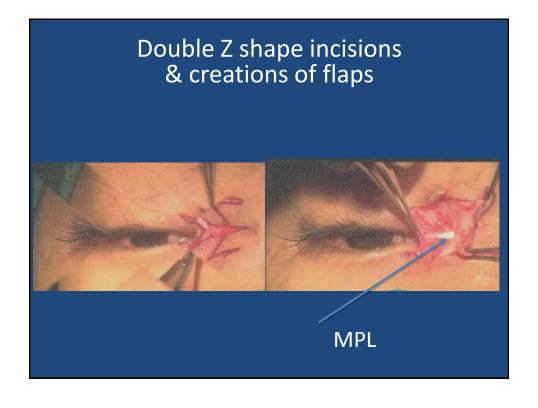


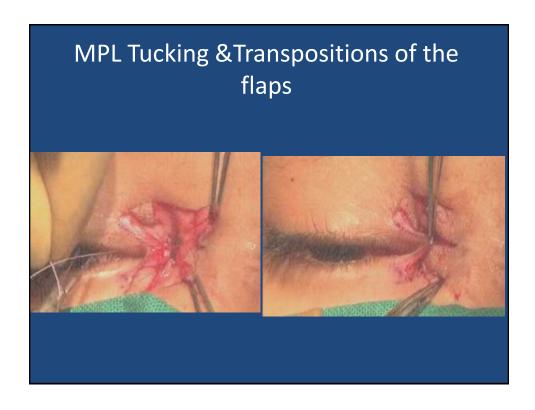






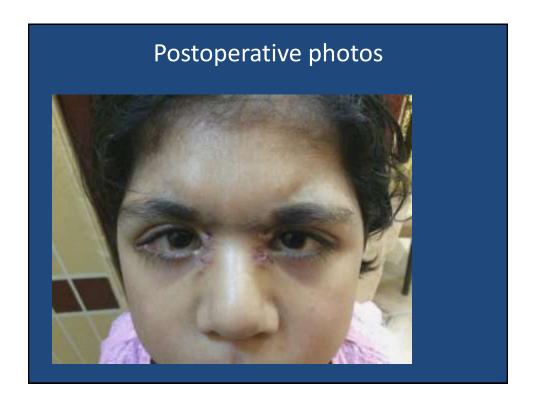


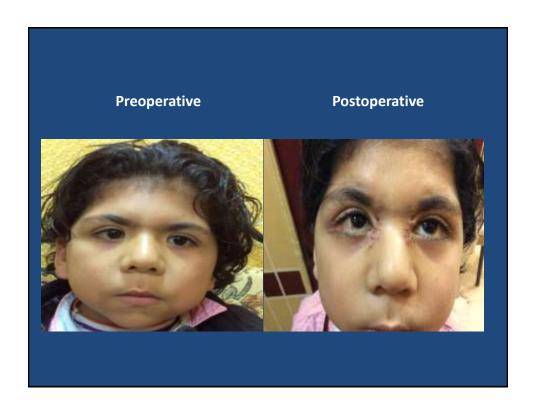












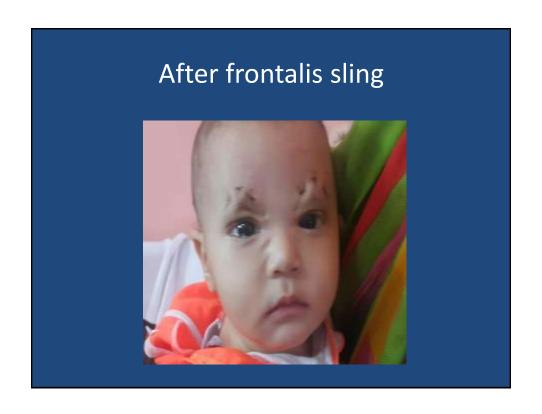


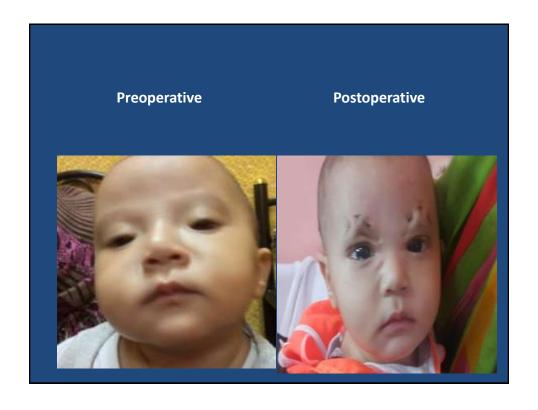


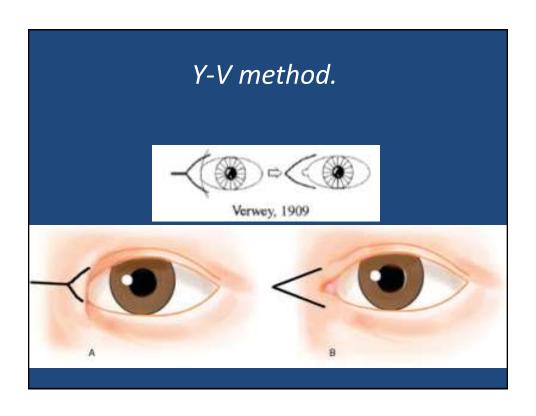


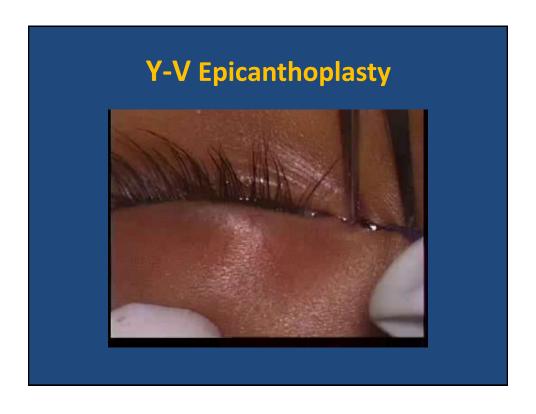












# Combind epicathoplasty and doubled eyelid surgery

# **Surgical treatment of telecanthus**

MPL plication or tucking •

**MPL** resection •

Transnasal wiring •

Miniplate and screw

