The search for the ideal material to be used in frontalis suspension procedures to correct congenital ptosis has been going on for many years and continues to this day. This makes me believe that perhaps there is no ideal suspensory material other than autogenous fascia lata. To add a little perspective on this problem, I reviewed a publication from 1984 in which, along with my co-editor Leonard Nelson and other colleagues, we compared results using nylon polyfilament cable-type suture versus allogenic fascia lata as the suspensory material for patients operated on at Wills Eye Hospital. Forty-nine of the 121 polyfilament cable-type suture procedures (40.5%) were considered failures because of either ptosis recurrence (28.1%) or granuloma formation (12.4%). Only 2 of 24 (8.3%) of the fascia lata cases failed and no granulomas occurred. We thought we had the answer, but the banked fascia lata we used in our study soon became unavailable. Subsequently, other forms of prepared allogenic fascia lata became available but were associated with significant rates of failure and granuloma formation.

We now jump to this 2015 issue of the Journal of Pediatric Ophthalmology & Strabismus where Bansal and Sharma describe their results in 25 patients who underwent silicon rod frontalis suspension for severe ptosis. This may be the most popular synthetic suspensory material used currently. This is a retrospective analysis of patients operated on from September 2008 to August 2013. All of these patients underwent silicone rod frontalis suspension for severe blepharoptosis with poor levator function and completed a minimum of 6 months of follow-up. The authors achieved good cosmetic correction in 34 eyes (89.4%) after a mean follow-up of 18 months. Complications observed included significant eyelid lag and lagophthalmos, undercorrection, suture granuloma, and sling exposure at forehead incision. Their results are encouraging, but the granulomas and forehead suture exposure at the brow incision site illustrated in their manuscript are nearly identical to those we reported in our study. One can conclude that silicone rod has been found to be safe and has the advantage that it allows complete eyelid closure because of its elasticity.

Those of us who operate to correct congenital ptosis know that recurrence over time is a major issue, regardless of the material used. Autogenous fascia lata harvested from the patient’s leg may provide the best results, but many of us are reluctant to stray so far away from our familiar territory to obtain it. So, the search for the ideal suspensory material continues.

Rudolph S. Wagner, MD
Editor

REFERENCE