



New Day in Medicine
Новый День в Медицине

NDM



TIBBIYOTDA YANGI KUN

Ilmiy referativ, marifiy-ma'naviy jurnal



AVICENNA-MED.UZ



ISSN 2181-712X.
EiSSN 2181-2187

9 (83) 2025

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ТИББИЁТДА ЯНГИ КУН НОВЫЙ ДЕНЬ В МЕДИЦИНЕ NEW DAY IN MEDICINE

*Илмий-рефератив, маънавий-маърифий журнал
Научно-реферативный,
духовно-просветительский журнал*

УЧРЕДИТЕЛИ:

**БУХАРСКИЙ ГОСУДАРСТВЕННЫЙ
МЕДИЦИНСКИЙ ИНСТИТУТ
ООО «ТИББИЁТДА ЯНГИ КУН»**

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исследовательский центр хирургии имени
А.В. Вишневского является генеральным
научно-практическим
консультантом редакции

Журнал был включен в список журнальных
изданий, рецензируемых Высшей
Аттестационной Комиссией
Республики Узбекистан
(Протокол № 201/03 от 30.12.2013 г.)

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10 (84)

2025

октябрь

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Received: 20.09.2025, Accepted: 06.10.2025, Published: 10.10.2025

УДК 617.713

THE IMPORTANCE OF AUTODERMOPLASTY IN THE SURGICAL TREATMENT OF MALIGNANT TUMORS OF THE EYELIDS

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✓ Resume

Radical surgical removal of eyelid tumors is considered the “gold standard” of treatment. Depending on the tumor’s location, size, and the structural characteristics of the skin, choosing the appropriate surgical technique is of great importance. This, in turn, makes it possible to avoid tumor recurrence, cosmetic defects, and functional disorders. In this article, the results of using autodermoplasty in the surgical treatment of malignant tumors of the eyelid skin are analyzed.

Keywords: Malignant tumors of the eyelids, autodermoplasty, recurrence, canthotomy, epiphora, lagophthalmos, ectropion, entropion.

ЗНАЧЕНИЕ АУТОДЕРМОПЛАСТИКИ В ХИРУРГИЧЕСКОМ ЛЕЧЕНИИ ЗЛОКАЧЕСТВЕННЫХ ОПУХОЛЕЙ КОЖИ ВЕК

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✓ Резюме

Радикальное хирургическое удаление опухолей век является «золотым стандартом» лечения. Исходя из локализации, размеров и особенностей строения кожи, важно правильно выбрать хирургический метод. Это, в свою очередь, позволяет избежать рецидивов опухоли, косметических дефектов и функциональных нарушений. В статье проанализированы результаты аутодермопластики, применённые при хирургическом лечении злокачественных опухолей кожи век.

Ключевые слова: злокачественные опухоли век, аутодермопластика, рецидив, канотомия, эпифора, лагофтальм, эктропион, энтропион.

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✓ Rezyume

Ko'z qovoqlari o'smalarini radikal jarrohlik yo'li bilan olib tashlash davolashning "oltin standart"i hisoblanadi. O'smaning joylashuvi, o'lchami va terining struktur xususiyatidan kelib chiqib, to'g'ri jarroxlik usulini tanlash muxum ahamiyat kasb etadi. Bu o'z navbatida o'sma retsidivi, kosmetik nuqsonlar va funktsional buzilishlardan qochish imkonini beradi. Ushbu maqolada ko'z qovoqlari terisining xavfli o'smalarini xirurgik davolashda qo'llanilgan autodermoplastika natijalari tahlil qilinadi.

Kalit so'zlar: Ko'z qovoqlarining xavfli o'smalari, autodermoplastika, retsidiv, kontotomiya, epifora, lagofthalm, ektropion, entropion.

Introduction

The use of free skin grafts to repair skin defects has a history of more than a century. In 1869, J.L. Reverden was the first to transfer several small pieces of skin onto a defect in the elbow region. Later, S. Shklyarovsky (1870), A.S. Yatsenko (1871), M.S. Yanovich-Chainsky (1871), and J.S. Davis (1917) further developed and improved the method of grafting small pieces of skin onto granulating wound surfaces. In Uzbekistan, oncophthalmologists have also successfully applied this method for many years to correct complex defects following surgical removal of eyelid tumors. Autodermoplasty (ADP) is a recognized method for covering various types of skin defects with a high survival rate of the graft. Careful preoperative preparation plays an important role in the success of surgery. This method is preferable in cases of skin deficiency and limited mobility of surrounding tissues. If left to spontaneous epithelialization, defects that occur after tumor excision may lead to eyelid deformity and subsequent ocular dysfunction. All operations are performed using microsurgical techniques with an operating microscope or binocular loupe. The skin graft is usually harvested from the inner surface of the shoulder and carefully separated from the underlying fatty tissue. Even in cases where necrosis of the free graft occurs, the graft serves a protective role and allows epithelialization to develop beneath it.

The aim of the study to demonstrate the advantages of using free skin grafts for reconstruction after excision of malignant eyelid tumors, especially in cases of skin deficiency and restricted mobility of the surrounding tissues. The method reduces the risk of common complications such as lagophthalmos, ectropion, entropion, ptosis, epiphora, and scar-related cosmetic defects.

Materials and methods of the study

We analyzed the results of 15 patients (15 eyes) treated with free skin grafts following surgical excision of eyelid tumors at the Bukhara branch of the RSPMCOR between 2018 and 2024. Of these, 9 patients (40%) were female and 6 (60%) male. All patients underwent preoperative cytological examination. Histological analysis confirmed malignant skin tumors in 11 patients, while 4 patients had benign lesions. Tumor localization was as follows: in 10 cases (62.5%) the medial canthus, in 3 cases (15%) the lower eyelid medial region, and in 2 cases (5%) the upper eyelid medial region. Patients' ages ranged from 33 to 82 years (mean age 55.6 years). All patients underwent standard ophthalmologic examination, orbital MSCT, brain MRI, and ultrasound of internal organs and regional lymph nodes. Postoperatively, patients were followed up every 6 months. Treatment outcomes were evaluated based on visual acuity, eyelid function and anatomy, absence of complications (lagophthalmos, ectropion, entropion, epiphora), and cosmetic appearance (eyelid contour, scar formation).

Research results: In all patients, wide excision of eyelid tumors was performed, followed by immediate reconstruction using free skin grafts. The choice of this reconstructive technique was based on skin deficiency and limited mobility of the surrounding tissues. If left untreated, spontaneous epithelialization of post-excisional defects would have led to eyelid deformity and dysfunction. All operations were performed with microsurgical techniques under an operating microscope or binocular loupe. The skin graft was typically harvested from the inner surface of the shoulder and carefully separated from the subcutaneous tissue. Even in cases of partial graft necrosis, the graft played a protective role and allowed epithelialization to develop underneath. The mean postoperative follow-up was between 8 and 46 months. No cases of recurrence, lagophthalmos, epiphora, ectropion, entropion,

or eyelid deformities were observed in the majority of patients. In one patient, who underwent stage IV surgery, a 2 mm recurrent tumor was detected after 5 years. Another patient developed paralytic lagophthalmos of the lower eyelid, which resolved completely within 6 months. Patients with extensive involvement of more than one-third of the upper and lower eyelids required compressive monocular bandages or adhesive plasters for 1.5–2 months to reduce wound tension and support healing. In clinical practice, to illustrate the application of reconstructive-plastic treatment in complex oncological lesions of the eyelid skin, we present the outcomes of 2 clinical cases.

Clinical Case 1: Patient M., 34 years old, presented to the Bukhara branch of the RSSPMCOR with complaints of an ulcerated lesion on the skin of the medial part of the left lower eyelid. Cytological examination and postoperative histological analysis confirmed the diagnosis of malignant tumor. Considering the large size of the tumor, the lack of redundant skin for plastic reconstruction, and the involvement of the upper and lower lacrimal canaliculi, autodermoplasty was performed using a free skin graft. First, under the microscope, the tumor was excised widely by electrosurgery extending into healthy tissue, and the tumor bed was coagulated by diathermy. Since reconstruction with local tissues was not possible, both the upper and lower lacrimal canaliculi were probed and their patency restored. The vertical and horizontal dimensions of the defect were measured, and a 1 mm-thick avascular skin graft of appropriate size was harvested from the inner surface of the shoulder. The graft was sutured under the microscope with continuous 6-0 Prolene and fixed in place. Vinilin balsam was applied to the wound, and a compressive monocular bandage was placed (Fig. 1). During 3 years of follow-up, no recurrence of the tumor was observed. However, transient epiphora was noted during the first 6 months.



Figure 1. Surgical removal of a malignant tumor of the skin of the left lower eyelid and medial canthus with simultaneous autodermoplasty. Preoperative condition and 3-year postoperative outcome.

Clinical Case 2: Patient M., 56 years old, presented to the Bukhara branch of the RSSPMCOR with complaints of an ulcerated lesion on the skin of the right medial canthus. Cytological examination and postoperative histological analysis confirmed the diagnosis of malignant tumor. Considering the large size of the tumor and the absence of redundant skin for plastic reconstruction, autodermoplasty with a free skin graft was performed. First, under the microscope, the tumor was widely excised into healthy tissue using electrosurgery, and the tumor bed was treated with diathermocoagulation. Since reconstruction with local tissues was not possible, the vertical and horizontal dimensions of the defect were measured, and a 1 mm-thick avascular skin graft of appropriate size was harvested from the inner surface of the shoulder. The harvested graft was sutured under the microscope with continuous 6-0 Prolene and fixed in place. Vinilin balsam was applied to the wound, and a compressive monocular bandage was placed (Fig. 2) During 4 years of follow-up, no recurrence of the tumor was observed.



Figure 2. Surgical removal of a malignant tumor of the skin of the right medial canthus with simultaneous autodermplasty. Preoperative condition and 3-year postoperative outcome.

Conclusion

In the initial reconstruction operations performed after radical removal of dangerous potentials of corners, the effectiveness of the autodermplasty method was approved. Anatomical and cosmetic position of corners in all patients is preserved. Also 2% of the No-shpa solution + 5% Pantogel Gelia Combine In patients' time in the postoperative period, the other patients were filled with impaired patients and was not observed necrotic conditions in the layer.

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Entered 20.09.2025