

3. Ong LY, Lane CM. Eyelid contracture may indicate recurrent basal cell carcinoma, even after Mohs' micrographic surgery. *Orbit* 2009;28:29–33.
4. Hassanein AM, Proper SA, Depcik-Smith ND, et al. Peritumoral fibrosis in basal cell and squamous cell carcinoma mimicking perineural invasion: potential pitfall in Mohs micrographic surgery. *Dermatol Surg* 2005;31(9 Pt 1):1101–1106.
5. Richmond JD, Davie RM. The significance of incomplete excision in patients with basal cell carcinoma. *Br J Plast Surg* 1987;40:63–67.

Use of Fibrin Sealant in the Management of Trichiasis

To the Editor:

The intermarginal split lamella with graft procedure, first described by Millingen¹ in 1888, is usually indicated for major trichiasis, especially if it threatens the cornea. The interposition of the graft aims to displace malpositioned lashes far from the globe. The use of labial mucous membrane graft is commonly used in this technique, and the graft is usually sutured in the receptor bed using 6-0 polyglactin sutures.²

Tissue adhesives have been described to improve outcomes of several ophthalmic surgical procedures, such as pterygium surgery, glaucoma surgery (to block postoperative leaks), corneal procedures, and strabismus surgery. The advantages include surgical time reduction and less postoperative discomfort.³

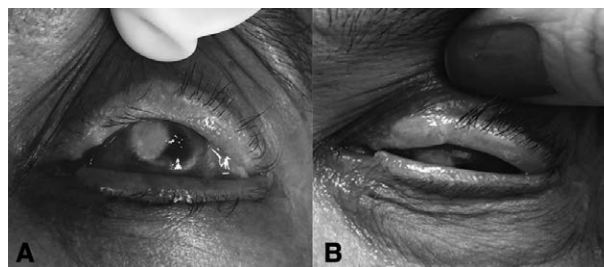
The authors report their preliminary results using fibrin sealant instead of absorbable suture to seal the labial mucous membrane graft in the intermarginal split lamella with graft procedure to manage major trichiasis.

This study adhered to the tenets of the Declaration of Helsinki. Three patients (4 eyelids) underwent this procedure and were followed for 6 months at least. The procedures were performed under local anesthesia. After splitting the eyelid margin in 2 lamellas with a number 11 blade and mechanically removing trichiatric lashes, a labial mucous membrane graft was obtained from the lower lip using a number 15 blade. The graft size was calculated based on the area of misdirected lashes, and the labial mucous membrane graft was sealed with a fibrin sealant (Tisseel; Baxter Healthcare Corp, Deerfield, IL, U.S.A.) in the receptor bed. The lower lip defect was closed with 6-0 polyglactin sutures.

All patients reported improvement in ocular symptoms after the procedure and the mucous membrane graft remained in place in all cases (Fig. A, B).

The use of fibrin glue seems to be a good alternative to conventional suture in the intermarginal split lamella with graft procedure, because it reduces surgical time and reduces postoperative discomfort (foreign body sensation and conjunctival hyperemia) secondary to the presence of sutures touching the cornea and conjunctiva. Prospective, long-term, and comparative studies with a large cohort are needed to permit further considerations.

Lilian E. Ohkawara, M.D.
Midori H. Osaki, M.D.
Tammy H. Osaki, M.D., Ph.D.



Use of fibrin sealant instead of absorbable suture in the intermarginal split lamella with graft procedure. **A**, Trichiasis in the left upper eyelid. **B**, One-year postoperative aspect after intermarginal split lamella with labial mucous membrane graft sealed with a fibrin sealant.

Correspondence: Tammy H. Osaki, M.D., Ph.D., Division of Ophthalmic Plastic and Reconstructive Surgery, Federal University of São Paulo, Osaki Ophthalmology Clinics, R. Vergueiro, 2045 cj 1009, SP 04101-000, Brazil (tammyosaki@gmail.com)

The authors have no financial or conflicts of interest to disclose.

REFERENCES

1. Millingen V. De La Guérison radicale du trichiasis par la tarso-cheioplastie. *Arch Ophth* 1888;8:60–63.
2. Ferraz LC, Meneghim RL, Galindo-Ferreiro A, et al. Outcomes of two surgical techniques for major trichiasis treatment. *Orbit* 2018;37:36–40.
3. Guhan S, Peng SL, Janbatian H, et al. Surgical adhesives in ophthalmology: history and current trends. *Br J Ophthalmol* 2018;102:1328–1335.

Intravenous Cannula as an Economical Option for Canalicular Trephine in Cases of Canalicular Obstruction

To the Editor:

Management of canalicular obstruction still remains a challenge, and this is evident by the plethora of different surgical techniques available with varying success.¹ While the success rate for proximal canalicular obstruction is abysmal, good results have been quoted for distal obstructions. In this process, Sisler and Allarakha devised a microtrephine in the year 1990 for opening up the canalicular obstructions with good results.² The authors are describing the novel use of an intravenous cannula as an attractive and economical option for Sisler's trephine, which we utilized in one of the cases of distal canalicular obstruction.

After infiltrating the pericanalicular region with local anesthesia (Lignocaine with adrenaline 1:200,000), the puncta was dilated with a Nettle ship punctum dilator. A 26-gauge intravenous cannula (Nipro wing cath, Nipro India Corporation, Maharashtra, India) was then gently introduced into the canaliculus keeping the lid on a horizontal stretch to avoid creating any false passage (Fig. A). The cannula was advanced into the canaliculus till the soft stop of distal canalicular block was reached. The canalicular block was then gently pierced and negotiated