The following abstract will be presented at the Southern Medical Association Annual Scientific Assembly, October 30-November 1, 2014 in Destin, Florida.

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**Objectives**

Upon completion of the lecture, attendees should be better prepared to:

1) Recognize the need for additional tools in the treatment of moderate to severe cicatricial ectropion.
2) Appreciate the successful outcomes of two patients with moderate to severe cicatricial ectropion who were treated with a commercially available dermal filler.
3) Explain a safe technique for injecting commercially available dermal fillers into the lower lid.

**Background/Knowledge Gap:** Chemical and thermal burns, malignancies, and trauma can damage the eyelid skin, shorten the anterior lamella, and evert the eyelid margin. Lower eyelid cicatricial ectropion is usually surgically corrected by any combination of eyelid vertical traction release, horizontal tightening, and/or vertical lengthening of the anterior lamella with full-thickness skin grafts. Recently, nonsurgical treatment of mild actinic cicatricial ectropion from sun exposure was successfully reported with injections of hyaluronic acid facial filler.

**Methods/Design:** Two patients were each treated in the affected lower eyelid with a single subcutaneous injection of 0.8 cc hyaluronic acid gel (Juvederm Ultra, Allergan). One patient had developed cicatricial ectropion with exposure keratopathy following extensive lower eyelid reconstructive surgery and the other had suffered a thermochemical burn injury. Photos were reviewed and assessed for eyelid position in relation to the globe.

**Results/Findings:** Both patients demonstrated immediate improvement of their cicatricial ectropion following the injections with eyelid margin inversion and better apposition to the globe. Their inferior scleral show and lagophthalmos resolved completely. Results were stable over a 3 month follow-up period without requiring further surgery. Patients experienced bruising post-injection, but no major complications were documented.

**Conclusions/Implications:** Dermal fillers can correct cicatricial ectropion by adding volume, expanding tissue, and acting as a spacer gel implant to correct eyelid retraction. In addition, it is believed to play a role in remodeling and promoting healthy skin. This technique expands our armamentarium of less invasive options, however, the longevity of this single treatment is still not clear. Nevertheless, this case series suggests that hyaluronic acid gel can be safely used and should be considered for patients with moderate to severe cicatricial ectropion. Commercially available dermal fillers can become an alternative treatment in patients who are poor surgical candidates and in select patients who are prone to scarring and keloid formation.

**Disclosure**

Adham B. al Hariri, MD – No Relevant Financial Relationships to Disclose
Jody Simon, MD – No Relevant Financial Relationships to Disclose

**Unlabeled Use:** Discusses a dermal facial filler injection into the lower eyelid to correct cicatricial ectropion.