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Sir,

Tutoplast pericardium patch graft for scleral thinning following strabismus surgery

The Tutoplast process is a scientific method of virally inactivating, preserving, and sterilising human tissue, which can be safely used as an allograft. The Tutoplast pericardium patch graft (Innovative Ophthalmic Products, Inc., Costa Mesa, CA, USA), supplied by IOP Ophthalmics in the United Kingdom, is comprised of low-profile collagen with a multi-directional matrix for superior surgical handling and suture utility. The literature describes successful Tutoplast pericardium utilisation in the management of Peyronie's disease,[1] as a patch graft in glaucoma, and corneal surgery,[2,3] to cover exposed scleral buckles[4] and oculoplastic surgery.[5] We report the novel use of this material for cosmetically unacceptable scleral translucency following strabismus surgery.

Case report

A 37-year-old male attended the ophthalmology department seeking treatment for a cosmetically, unsightly dark area in the medial aspect of the left eye, resulting from previous medial rectus recession surgery. The dark area developed during the year following the squint operation. There was no history of post-operative scleritis. Examination showed a dark scleral area of 3 mm × 11 mm, located 6 mm nasally from the limbus (Figure 1a).

The patient was offered a surgical procedure to cover the area of dark sclera with a Tutoplast pericardium graft. A localised peritomy was performed to expose the area of interest (Figure 1b). A Tutoplast pericardial graft, which is thinner than sclera but of similar colour and opacity, was placed over this area and fixed to the sclera with 8/0 Vicryl sutures (Figure 1c). The conjunctiva was closed with interrupted 7/0 Vicryl sutures (Figure 1d).

At 2-week follow-up, the patient reported no pain or significant discomfort, and was satisfied with the cosmetic result of the surgery. Objective examination demonstrated a minimally visible area of previously overtly dark sclera and mild conjunctival injection. This excellent cosmesis was retained at 6 months (Figure 2b).

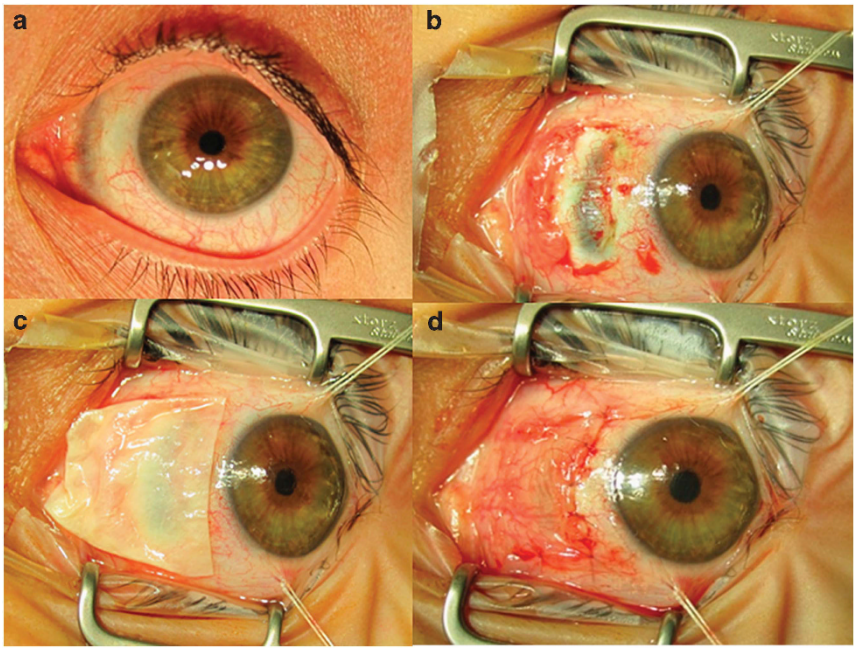

Figure 1 Photographs of the left eye of the patient prior to the scleral patch graft (a), intraoperative images of the exposed area of the dark sclera (b), placement of the Tutoplast pericardium over the unsightly dark sclera (c), and after the closure of conjunctival wound (d).

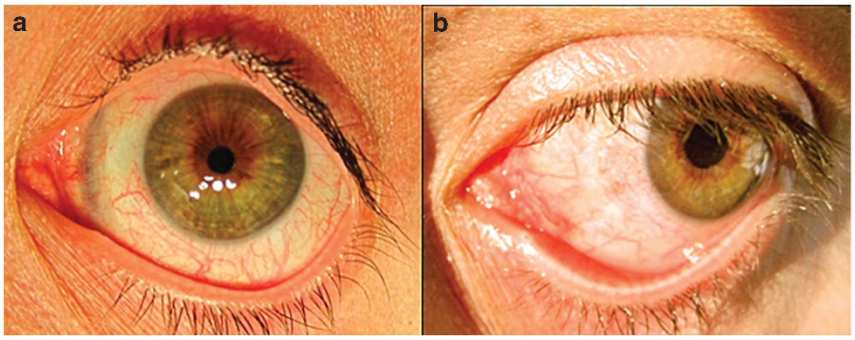

Figure 2 Pre-operative (a) and 6-month post-operative (b) photographs of the left eye after the pericardium patch graft procedure to cover the dark area of sclera.

Comment

Tutoplast pericardium is suitable material to use as a patch graft for areas of cosmetically unacceptable scleral translucency. Its utilisation as a tectonic support, epithelialisation substrate or superficial patch graft has been well documented. We describe the technique required in the novel use of this material for scleral patch grafting following strabismus surgery.

Conflict of interest

The authors declare no conflict of interest.

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