Periorbital area - When deep peeling becomes relevant? Combination with “micropunch blepharoplasty”

Marina Landau M.D.
Dermatology
Wolfson Medical Center, Holon, Israel
Dark circles: DD

- Vascular
- Tear trough deformity
- Congenital (Ota)
- PIH due to dermatitis or rubbing
- Ethnic pigmentation
Periorbital melanosis (POM)-How common?

- 9-38% of the American women under 30
- Males and females
- Family history
- Upper and lower eyelid
- Worsens with age

Br J Dermatol 2001;145:110-113
Ind J Dermatol Venereol Leprol 2007
How deep is pigment?

- Biopsy proven
- Deep dermal melanophages

Malakar et al. Ind J Dermatol Venereol Leprol 2007
Deep pathology (wrinkles, pigmentation) requires deep removal procedure
My approach

• Periorbital deep peel
Procedure

- Local anaesthesia
- No monitoring
- Careful fading of treatment area
- Occluded (24 hours)
Micropunch blepharopeeling of the upper eyelids: a combination approach for periorbital rejuvenation--a pilot study.

Procedure

• After peeling superficial skin excisions are made with a scissor to the lateral and mid upper eyelid skin.

• The medial aspect of the upper eyelid is peeled but no excisions are made
Conclusions

• Limited experience
• Combination of periorbital or full face deep peeling with upper eyelid punch blepharoplasty (Sterling procedure) provides better results for upper eyelid skin sagging
• The procedure is relatively simple
• Postoperative scar is usually invisible