Temporary Tarsorrhaphy: A Valuable Procedure in Hansen Disease

The temporary tarsorrhaphy technique described by Kitchens et al in the February 2002 issue of the ARCHIVES is, in our experience, a remarkably useful technique to promote corneal healing, particularly in patients with Hansen disease. Corneal anesthesia and impaired orbicularis oculi function with secondary impairment of tear drainage can culminate in severe corneal ulceration, which often fails to respond to conventional therapy. Temporary tarsorrhaphy, which can easily be opened for inspection and reclosed, promotes rapid healing in almost every case when other strategies have failed. We have even seen large descemetoceles heal without additional intervention. In our practice, we use a bow to allow frequent opening, inspection, and reclosure. The drawstring method of securing the suture described by Kitchens et al represents an innovative and useful development of the technique.

Kirsteen J. Thompson, FRCS
Glasgow, Scotland
Margaret Brand, MB, BS
Seattle, Wash

Corresponding author: Kirsteen J. Thompson, FRCS, Department of Ophthalmology, Tennent Institute of Ophthalmology, Gartnavel General Hospital, Great Western Road, Glasgow G12 OYN, Scotland.


Correction

In the Clinicopathologic Reports, Case Reports, and Small Case Series by Mouriaux et al titled “Congenital Duplication of the Anterior Segment With Central Hamartomatous Plaque,” published in the October 2002 issue of the ARCHIVES (2002;120:1377-1379), an error occurred in the signature. On page 1379, the signature should have appeared as follows: Frédéric Mouriaux, MD, Marie-Paule Leroy-Rattier, MD, Claude-Alain Maurage, MD, and Françoise Guilbert, MD, Lille, France; Ian Cree, PhD, FRCPath, Portsmouth, England; and Jean François Rouland, MD, Lille. The journal regrets the error.