Management of Orbital dystopia in Craniofacial deformities

There are many causes for the defect of the bony orbit. It could be due to fractures of any cause, post tumor/cyst removal or congenital deformities. In any case, the defect may be unilateral or bilateral and very rare along the midline. In any situation, a considerable sum of orbital bone mass may be missing or defective in size. Additional impairments such as those of ears, loss of adjacent structures or uncoordinated growth (if in children) may impede the treatment goals. It is not uncommon to find associated disorders of nervous structures such as mengiocele or other neural defects also in developmental causes. In non-trauma cases, very rarely associated cranial bones such as frontal bones may also be involved. Needless to say, if hypertelorism also is a part or resultant deformity, that should also be corrected. The final step would be to correct any abnormal slants.

In any case, the goal would be to save the eyeball, if there is functional capacity. The next step would be to close the defects as much as possible to obliterate the defect functionally as well as anatomically. This would help to evolve proper feeding, swallowing, speech, prevent repeated nasal/sinus infections etc., Next stage would be reconstruction of the associated soft tissue defects. If involving nasal cavity, late rhinoplasty may be required to complete the nasal defect. The timing of the surgery needs to be extremely customized.

The presentation will take through the 26 years of experience in orbital dystopia correction from simple trauma related defects and missing orbital bones to complex, multiple Tessier's orofacial clefting. Appropriate example from the author's surgical experience will help to draw meaningful algorithm to plan and surgically treat the patients