

## Photo Essay

# Wound Modulation with Botulinum Toxin

Archana Malik<sup>1</sup>, MS; Parul Chawla Gupta<sup>2</sup>, MS; Jagat Ram<sup>2</sup>, MS, FAMS

<sup>1</sup>Department of Ophthalmology, Vasan Eye Care, Chandigarh, India

<sup>2</sup>Department of Ophthalmology, Post Graduate Institute of Medical Education and Research, Chandigarh, India

*J Ophthalmic Vis Res* 2016; 11 (2): 240-241.

## PRESENTATION

Prevention and treatment of abnormal scarring present a challenge to the medical fraternity. Herein, we report the beneficial effect of botulinum toxin A (BTA) for wound modulation in a case with post-traumatic lower lid cicatricial ectropion.

A 20-year-old male patient presented with severe cicatricial ectropion in his left lower lid with a scar going down to his cheek and to the ala of the nose due to trauma 6 months before [Figure 1]. Pentagonal excision with direct suturing of the lid margin along with scar revision was performed. Botulinum toxin A (2.5 IU, Allergan India Private Limited, Bangalore, India) was injected into five different sites to allow healing of the wound in a relaxed manner; two injections were given on each side of the scar to offset horizontal traction and one was applied at the upper margin of the scar in the lower lid retractors to offset vertical traction. The lid margin was kept stretched for one week postoperatively by traction sutures. Three months after surgery, the lid margin was well apposed, and a good contour was achieved with no residual ectropion [Figure 2].

## DISCUSSION

Postsurgical scars are of significant concern to both

### Correspondence to:

Jagat Ram, MS, FAMS. Advanced Eye Center, Sector 12, Postgraduate Institute of Medical Education and Research, Chandigarh - 160 012, India.  
E-mail: drjagatram@gmail.com

Received: 15-08-2014

Accepted: 30-04-2015



**Figure 1.** Preoperative photograph of the patient shows post-traumatic cicatricial ectropion in the left lower lid.



**Figure 2.** Photograph of the same patient three months after surgery, showing improved lid apposition and reduced ectropion.

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

For reprints contact: reprints@medknow.com

**How to cite this article:** Malik A, Gupta PC, Ram J. Wound modulation with botulinum toxin. *J Ophthalmic Vis Res* 2016;11:240-1.

patients and surgeons. Various treatment options such as lasers, botulinum toxin, cytokines and stem cells have shown effectiveness in minimizing the scar during revision.<sup>[1]</sup> It has been shown that intramuscular BTA in conjunction with scar revision on the face helps reduce the development of a widened scar.<sup>[2]</sup> BTA immobilizes local muscles, reduces skin tension caused by muscle pull and consequently decreases microtrauma and subsequent inflammation.<sup>[3]</sup> The patient presented herein demonstrated the beneficial effect of botulinum toxin injection after cutaneous surgery on the face. Botulinum toxin causes temporary muscle paralysis and allows them to remain in a relaxed state during the period of wound healing thereby preventing contracture. It is an excellent adjunct when the wound requires a relaxed state for healing.

### Declaration of Patient Consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their

images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

### Financial Support and Sponsorship

Nil.

### Conflicts of Interest

There are no conflicts of interest.

### REFERENCES

1. Liu A, Moy RL, Ozog DM. Current methods employed in the prevention and minimization of surgical scars. *Dermatol Surg* 2011;37:1740-1746.
2. Lee DA. Antifibrosis agents and glaucoma surgery. *Invest Ophthalmol Vis Sci* 1994;35:3789-3791.
3. Viera MH, Amini S, Valins W, Berman B. Innovative therapies in the treatment of keloids and hypertrophic scars. *J Clin Aesthet Dermatol* 2010;3:20-26.