Contralateral Orbital Expansion for Facial Symmetry After Traumatic Orbital Floor Fracture

Presenter First Name
Bahram

Presenter Last Name, Degree
Pashaee, MPH

Presenter E-mail
Bahram.pash@gmail.com

Affiliation
Sidney Kimmel Medical College
Thomas Jefferson University
Philadelphia, PA, USA

Contralateral Orbital Expansion for Facial Symmetry After Traumatic Orbital Floor Fracture

Bahram Pashaee MPH, Evan E Afshin MD, Ebby Elahi MD.

Sidney Kimmel Medical College, Thomas Jefferson University, Philadelphia, PA, USA
Department of Ophthalmology, SUNY Downstate, Brooklyn, NY, USA
Departments of Ophthalmology, Otolaryngology, Environmental Medicine & Public Health, Icahn School of Medicine at Mount Sinai, New York, NY, USA

Introduction;
Orbital decompression has traditionally been used to treat proptosis from acquired conditions such as thyroid eye disease. More recently, orbital expansion techniques have been applied in aesthetic settings to address natural proptosis and pseudoproptosis. However, management of chronic traumatic orbital deformities has historically focused on ipsilateral orbital reconstruction or observation. Alternative surgical strategies for long-standing post-traumatic asymmetry remain limited.

Report;
We present two patients with chronic enophthalmos and hypoglobus following prior orbital floor fractures who underwent contralateral orbital expansion to restore facial symmetry. In both cases, long-standing post-traumatic changes, including fibrosis and altered orbital architecture, made ipsilateral reconstruction less predictable. Contralateral orbital expansion provided a controlled and predictable method to improve globe position and facial symmetry while avoiding risks associated with the manipulation of previously traumatized tissue. Both patients demonstrated satisfactory postoperative symmetry without functional deficits and reported high satisfaction with aesthetic outcomes.

Conclusion;
Contralateral orbital expansion may represent a safe and effective alternative strategy for selected patients with chronic post-traumatic orbital asymmetry. This approach may provide improved predictability and aesthetic outcomes compared with delayed ipsilateral reconstruction in long-standing orbital deformities.