

Periocular and Orbital Amyloidosis



Dear Editor:

I read the article from Leibovitch et al¹ with interest. They report the largest series of patients affected by periocular and orbital amyloidosis, providing valuable information on the wide spectrum of this disease. They conclude the article recommending surgical debulking, radiotherapy, or observation. None of their patients presented with eyelid skin involvement (other than subcutaneous hemorrhage, as shown in their Fig 3), and the authors did not include the occurrence of eyelid skin involvement and its treatment in their "Discussion." In a recent article,² we reported a patient with disfiguring bilateral palpebral amyloidosis that recurred and rapidly progressed after observation and surgical debulking (as it is here recommended) and was locally cured with complete surgical excision of the affected eyelid skin, followed by reconstruction with 2 large full-thickness

skin grafts (Fig 1 [available at <http://aaojournal.org>]). Although periocular amyloidosis is a rare disease, ophthalmologists should consider its full spectrum, including the occurrence in the eyelid skin, and also that complete excision may be regarded as a useful (although palliative, in most cases) treatment in such cases.

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References

1. Leibovitch I, Selva D, Goldberg RA, et al. Periocular and orbital amyloidosis. Clinical characteristics, management, and outcome. *Ophthalmology* 2006;113:1657–64.
2. Bernardini FP, Schneider S, de Conciliis C, Devoto M. Advanced periocular, facial and oral amyloidosis. *Ophthal Plast Reconstr Surg* 2005;21:397–8.



Figure 1. Appearance 1 year after excision of the affected eyelid skin in the left eye followed by placement of 2 large full-thickness skin grafts harvested from preauricular regions of both sides.