



Case Report of a Perforated Corneal Tear Traumatic Cataract Sec Esotropia Left Eye in a 12 Years Female Girl



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Abstract

Ocular trauma is a very common disorder which every ophthalmologist faces in the daily routine practice one has to be very vigilant and prompt as far as management of ocular trauma is concerned

- a) The ocular trauma can be perforating type sustained by Sharpe pointed objects like knife, nails, pencil or pens
- b) Blunt trauma due to blow by closed fist or slap or whip lash injury
- c) Chemical either acid or alkaline exposure
- d) Sports related injury due to cricket ball, hockey ball, tennis ball, base ball, shuttle coke, tennis ball, American football, squash ball, volley ball, golf
- e) Road traffic accidents especially motor cycle riders not using helmets
- f) Shaken baby syndrome due to injury by waist belts blow by closed fist whip lash injury it is a medico legal problem where the injury can be lacerations of lids conjunctiva, sclera, cornea, hypheama tr, cataract, lamellar, macular hole, retinal tear and retinosciasis
- g) Domestic bird injuries like pet birds, hen, parrot, peacock and pigeon. In remote villages when the small children are left in the company of these birds their ids possibility of hen peck injuries of children even corneal perforation is reported
- h) Ocular pellet injuries recently pellet induced injuries have occurs in Kashmir pellets are lead bodies which are usually used to hunt birds but they have been used in Kashmir to control mobs and have caused lot of pellet induced ocular injuries

Keywords: Corneal tear; Heamarghe; Hypheama; Traumatic; Cataract; Vitreous; Retinal tear; Lamellar; Macular hole

Introduction

In recent times management of trauma has become advanced as we have now subspecialties in the field of ophthalmology these days as we have ant segment and post segment surgeon we have paediatric ophthalmologist and oculoplastic surgeon at the same time we have lot of recent advances in the field of ophthalmic microsurgery in the form of most modern ophthalmic instruments and ophthalmic drugs so at present even if we have severely damaged eye all efforts are made to preserve the globe even if a damaged eye may undergo more than 2 operations the main point is that occurrence of sympathetic ophthalmia is zero when we look back to past due to this complication for a severely damaged eye the treatment was nucleation because we did not have the modern facilities as we have these days.

Case report

2 years back a 12 years old female girl sustained a full thickness perforated corneal tear left eye with a nail the full thickness core tear was from 12 to 6 o' clock position initial repair of corneal tear was done with 19 silk sutures in a medical hospital i saw the patient 2 months after first operation on examination there was a linear corneal scar from 12 to 6 o'clock position nicely repaired wund ac well formed no reaction or flare pupil was distorted with presence of traumatic cataract and 25 degrees esotropia i did lesectomy with sclera supported pc oil and after a gap of 2 months i did operation for esotropia cosmetic squint correction of 25 degrees esotropia 5mm recession of medial rectus and 7mm resection of lateral rectus isolation of medial rectus was done by conjunctiva wing exposure 5mm recession of medial rectus was done and position of muscle

was secured on sclera using 6 zero vicoryl suture similar exposure of lateral rectus was done and 7 mm resection of lateral rectus was done conctiva was reposted back postoperative period was satisfactory.

Discussion

The girl underwent three operation her visual and cosmetic outlook is very satisfactory even though 3 operations were done her vision is 6 2 4 and eye is almost straight

Conclusion

In conclusion as already mentioned we try to save the most severely damaged eyes due to recent advances in ophthalmology provided the patient is treated in time and by proper consultant.

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