

Image in Medicine: Severe Contusion Trauma to the Eye

Belhadj Othmane^{1*}

¹Ophthalmology Department, KHENIFRA Hospital, X89P+6PC, Khenifra Road, Meknes, 54000, Khenifra, Morocco

DOI: [10.36348/sjmps.2022.v08i12.010](https://doi.org/10.36348/sjmps.2022.v08i12.010)

| Received: 17.10.2022 | Accepted: 24.11.2022 | Published: 16.12.2022

*Corresponding author: Belhadj Othmane

Ophthalmology Department, KHENIFRA Hospital, X89P+6PC, Khenifra Road, Meknes, 54000, Khenifra, Morocco

Copyright © 2022 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution **4.0 International License (CC BY-NC 4.0)** which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

Severe contusions trauma to the eye is common and can lead to complications that can severely reduce the functional prognosis, especially as it occurs in children and young patients in full professional activity.

The patients involved are often young adults (mean age: 35 years) of male sex (80%).

Remains the main cause of monocular blindness despite advances in treatments.

Ocular trauma associated with crystalline irido is common.

The management of his traumas must be global based on rigorous interrogation, establishing a detailed injury assessment in order to better focus the therapeutic strategy.

The severity increases with the age of the traumatized; the occurrence of amblyopia is the constant concern in the child despite satisfactory anatomical and aesthetic repair.

In developing countries, the severity is increasing due to the lack of knowledge of populations and non-specialized health personnel, the remoteness of health facilities and the lack of equipment for specialized services.

Eye trauma always involves the functional prognosis of the eye.

The prognosis depends on the speed of the implementation of first aid: a good diagnostic approach, knowledge of simple gestures, a well-conducted evacuation is valuable assets.

However, despite improved treatment, functional outcomes remain poor, particularly in children due to the risk of post-traumatic amblyopia.

Prevention is therefore essential.

This is a 25-year-old patient with no significant history, who suffered severe blunt trauma to the left eye by stone throwing, resulting in broad iridodialysis with subluxation of the lens with abrupt vision loss.

Faced with no improvement in this symptomatology, the patient presented himself 5 days later in the emergency department.

The examination at the admission showed evidence at the level of the traumatized eye, visual acuity reduced to 2/10.

At the slit lamp, we noted a wide iridodialysis from 11h to 2h, a subluxation of the crystalline lens with rosary cataract (under post cap) with aphakia zone, and visibility of the crystalline hard Equator.

An eye background that looks normal.

Ultrasound objectified the absence of associated retinal detachment.

The patient benefited from Iridopexie: the 10/0 monofilament points are set up at 1.5mm from the limb to restore the integrity of the iris.

Anterior intracapsular extraction with anterior vitrectomy.

Subsequent implantation may be envisaged by an irian-fixation implant or an implant clipped to the

iris or a scleral fixation otherwise, the patient can be equipped with a contact lens.

The check after 6 months shows a pupillary orifice satisfactory but not allowing the placement of an implant with irian fixation.

The patient was equipped with a contact lens.

The fundus shows a flat retina.

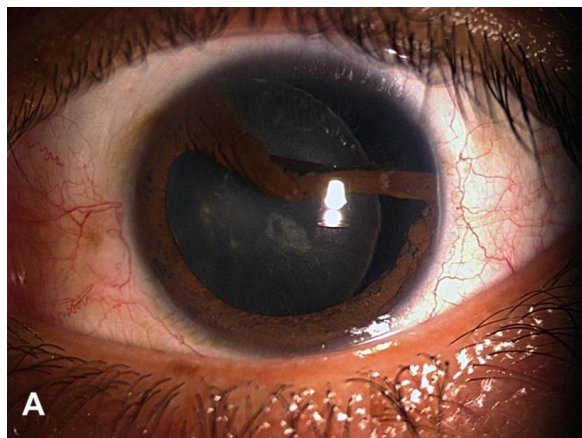


Figure 1: Iridodialysis extended from 11 am to 2am with crystalline subluxation



Figure 2: Cataract in posterior post-traumatic rosary in retro illumination