

Blunt ocular injuries

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Blunt injuries to the eye can give rise to several problems, which include the following:

- Iritis . Inflammation; treated with topical steroids.
- Hyphaema (blood in the anterior chamber) (Figure 49.20). Rest and sedation, particularly in children, are advised because the main danger in this condition is secondary bleeding, resulting in an acute rise in intraocular pressure and blood staining of the cornea. The use of antifibrinolytic agents (ϵ -aminocaproic acid) has been advocated; if the pressure rises, surgery to wash out the blood may be necessary .
- Subluxation of the lens . This is suspected if the iris, or part of the iris, 'wobbles' on movement (iridodonesis).
- Secondary glaucoma . This is often associated with recession of the iridocorneal drainage angle.
- Retinal and macular haemorrhages and choroidal tears (Figure 49.21).
- Retinal dialysis . This may lead to a retinal detachment and permanent damage to vision (Figure 49.22).

Figure 49.19 Scan of orbit from Figure 49.18 showing a massive swelling of the medial rectus (courtesy of J Beare, FRCS). Figure 49.20 Hyphaema. Blood in the vitreous chamber after a con

cussional injury.

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