Burns

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Radiation burns Corneal injury may occur after exposure to ultraviolet radia - tion, for example after arc welding or excessive sunlight (snow blindness) and sun lamps. Such burns cause intense gritty burning pain and photophobia as a result of keratitis (corneal inflammation), which starts some hours after exposur e. Mydri - atic and local steroids with antibiotic drops ease the condition, and healing usually occurs after 24 hours. Thermal burns If these involve the full thickness of the lids, corneal scarring may occur from exposure and immediate corneal protection is necessary . A splash of molten metal may cause marked local necrosis and may lead to permanent corneal scarring. Treatment is to remove any debris by irrigation and to instil local atropine, antibiotics and steroids to prevent superadded infection and scarring. Lid reconstruction may be necessary . Chemical burns Chemical burns, and especially alkali burns, can be serious because ocular penetration occurs quickly and ischaemic necrosis can result (Figure 49.24). Immediate copious irrigation until the pH is neutral will ensure that the chemical is diluted as much as possible, and all particles should be removed from the fornices. Treatment can then be continued as with thermal burns. Well-fitting goggles should prevent such injuries.

Figure 49.24 Chemical burn showing conjunctival necrosis.

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Revision #1
Created 2025-12-31 15:18:08 UTC by Omar Ayman
Updated 2025-12-31 15:18:08 UTC by Omar Ayman