

#### **OCULAR DISEASE**

#### TRAUMA TO THE GLOBE



# Terminology

- <u>**Closed injury**</u> is commonly due to blunt trauma. The corneoscleral wall of the globe is intact.
- <u>Open injury</u> involves a full-thickness wound of the corneoscleral envelope.
- <u>Contusion</u> is a closed injury resulting from blunt trauma. Damage may occur at or distant to the site of impact.



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- **Rupture** is a full-thickness wound caused by blunt trauma. The globe gives way at its weakest point, which may not be at the site of impact.
- Laceration is a full-thickness defect in the eye wall produced by a tearing injury, usually as the result of a direct impact.



- Lamellar laceration is a partialthickness laceration.
- Incised injury is caused by a sharp object such as glass or a knife.



**Penetrating** injury refers to a single fullthickness wound, usually caused by a sharp object, without an exit wound. A penetrating injury may be associated with intraocular retention of a foreign body.

• **Perforation** consists of two fullthickness wounds, one entry and one exit, usually caused by a missile.



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## Investigations

Plain radiographs may be taken when the presence of a foreign body is suspected



Plain radiograph showing a lead air gun pellet



**Ultrasonography** may be useful in the detection of intraocular foreign bodies, globe rupture, suprachoroidal haemorrhage and retinal detachment;

- It should be performed as gently as possible if there is the risk of an open globe injury,
- Strictly avoiding any pressure on the globe. It is also helpful in planning surgical repair



foreign body demonstrated by ultrasonography



- CT is superior to plain radiography in the detection and localization of intraocular foreign bodies.
- It is also of value in determining the integrity of intracranial, facial and intraocular structures



3D CT reconstruction of a facial shotgun injury



coronal views localizing a left intraocular foreign body

CT axial view demonstrating a left lateral orbital wall fracture



**MRI** is more accurate than CT in the detection and assessment of injuries of the globe itself, such as an occult posterior rupture, though not for bony injury.

 Electrodiagnostic tests may be useful in assessing the integrity of the optic nerve and retina, particularly if some time has passed since the original injury and there is the suspicion of a retained intraocular foreign body