Sub Conjunctival Haemorrhage

Due to local trauma Du	ie to fr	acture	pase
------------------------	----------	--------	------

History

. Trauma Trauma to the eye Trauma to the head

. Consc. Not affected Loss of consciousness

. Onset Immediate Delayed

<u>Shape</u> Triangular, base to cornea Triangular, apex to cornea

<u>Colour</u> Bright red Dark red

Posterior Definite Cannot be seen

<u>limit</u>

(4) The Cornea:

1) Corneal abrasion:

Presentation: severe pain, lacrimation, and blepharospasm.

Diagnosis: stained with flourescein stain.

Treatment: bandage + antibiotics + cycloplegic.

- 2) Deep corneal opacity: may result from:
- 1- corneal edema.
- 2- folds in Descemet's membrane.
- 3- Rupture in Descemet's membrane.

The condition disappears in a few weeks. No special treatment.

3) Blood staining of the cornea:

Etiology: occurs if two factors fulfilled: hyphema + increased IOP

Signs: .The cornea is at first red, later it becomes brown, then orange, then yellow, then grey.

.Clearing occurs from the periphery to the center.

.Complete clearing takes up to 2 years.

Treatment: Keratoplasty.

4) Rupture of the cornea:

If occurs, the cornea must be sutured.

(5) The Sclera: (Rupture of the sclera)

Etiology: As a result of the trauma, the intra ocular pressure rises and the sclera ruptures at its weakest part i.e. up and in 2-3 mm from the limbus and concentric with it.

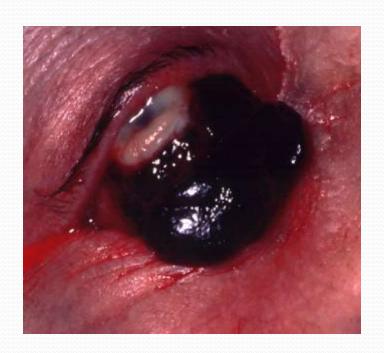
Sequelae:

- . Conjunctiva may rupture or remains intact.
- . Iris commonly prolapses.
- . Lens may be extruded or become dislocated under the conjunctiva.
- . Vitreous commonly prolapses.
- . Severe intra ocular haemorrhage may occur.

Scleral rupture with Uveal prolapse



Rupture globe with grossly damaged eye



Treatment:

1) In hopeful cases:

- 1- Excise all prolapsed tissues.
- 2- Suture the wound accurately.
- 3- Close the conjunctiva.
- 4- Give local and general antibiotics.
- 2) In Non hopeful cases: (If the eye is grossly damaged) Enucleation is done (to avoid sympathetic ophthalmitis).

(6) The Anterior Chamber:

1) Hyphema:

Source: commonly comes from an iris vessel.

Clinically: blood in the anterior chamber with a horizontal upper level.

Complications: secondary glaucoma \rightarrow blood staining of cornea.

Treatment: 1- complete bed rest.

- 2- Corticosteroids for irido cyclitis.
- 3- Diamox or paracentesis for secondary glaucoma.

2) Anterior dislocation of lens: discussed later.

Hyphema

