

Sub Conjunctival Haemorrhage

Due to local trauma

Due to fracture base

History

- . Trauma
- . Consc.
- . Onset

Trauma to the eye
Not affected
Immediate

Trauma to the head
Loss of consciousness
Delayed

Shape

Triangular, base to cornea

Triangular, apex to cornea

Colour

Bright red

Dark red

Posterior limit

Definite

Cannot be seen

(4) The Cornea:

1) Corneal abrasion:

Presentation: severe pain, lacrimation, and blepharospasm.

Diagnosis: stained with fluorescein 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 → 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

