

VISION SCIENCE AND EYE

August 10-11, 2017 | London, UK

Management of severe eye trauma and retained Intra Ocular Foreign Bodies (IOFBS).

Faisal Fayyad and Omar Fayyad
Jordanian Hospital, Jordan

Eye trauma including retained IOFBS carries many challenges in the management and prognosis depends on the severity of the initial trauma. Traditional good prognostic factors include; small foreign bodies with anterior location, clear media, no afferent pupillary defect and good vision at presentation. Traditional poor prognostic factors are; globe rupture, large retained IOFBS with posterior location, afferent pupillary defect, media opacity and poor vision at presentation. No light perception (NLP) is not a contra-indication for surgery, unless a combined lesion involving the optic nerve is present.

There are possible causes of permanent NLP vision in the injured eye, including total destruction of the eyeball, loss of posterior retina and major optic nerve trauma. There are many possible causes of potentially reversible NLP vision in the injured eye and this includes patients with altered mental status, severe lid edema with inability to open, corneal wound with edema, Hyphema, traumatic cataract, severe vitreous hemorrhage, retinal edema with hemorrhage, retinal detachment, subretinal hemorrhage and suprachoroidal hemorrhage.

In the management of eye trauma there is no specific protocol to follow, and the choice of treatment depends on personal experience and experience of others. In perforating eye injuries closure of the posterior wound is often impossible, with the risk of retinal incarceration. Primary surgery includes the closure of the entrance and exit wounds if it is anterior to the equator, with anterior segment reconstruction if needed and limited PPV to remove the vitreous traction between the entrance and exit wounds. Secondary surgery to follow within 100 hours. Chorioretinectomy lowers the PVR rate, prevents retinal folds and improves prognosis. The final goal of our treatment should be to restore the best possible vision and to prevent immediate and late complications.

Biography

Senior Vitreo-retinal consultant at the Jordanian Hospital in Amman. Fayyad graduated from Rome University (La Sapienza) in 1976, and completed his residency program in ophthalmology at the same university between 1977 and 1981 with honors. He then traveled to Canada and completed a two year fellowship program in clinical Retina, at the department of ophthalmology at Ottawa University. He served at the Jordanian ministry of health hospitals and the King Hussein Medical Center as well as at the Jordan University Hospital. An examiner at the Jordanian Board of Ophthalmology. Fayyad is involved in training ophthalmologists in Vitreo-retinal surgery.

ffayyadmd@gmail.com

Notes: