

Misfortune has no smell but there is light at the end of the tunnel: vision restoration post-trauma

Suppiah Khirutikka^{1,2}, Karuppan Poorani¹, Thiyagarajam Krishnadevi¹, Sok Lin Ng¹, Ngoo Qi Zhe²

¹Department of Ophthalmology, Hospital Taiping, Taiping, Perak, Malaysia, ²Department of Ophthalmology and Visual Science, School of Medical Science, Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia

ABSTRACT

Ophthalmic trauma represents a significant challenge in clinical ophthalmology, encompassing a range of injuries that can lead to devastating consequences if not promptly managed. A-36-year-old healthy gentleman involved in an alleged motor vehicle accident presented with left eye (LE) pain, bleeding, and sudden blurring of vision. Examination showed left upper and lower lid laceration wound involving lid margin. His vision was 6/6 over the right eye and perception to light over LE. Relative Afferent Pupillary Defect was negative with intraocular pressure of 17 mmHg. Right eye examinations were unremarkable. Computed tomography (CT) scan done showed left medial and inferior orbital wall fractures with orbital fat entrapment. Globe preserved. No foreign body (FB) seen. Intraoperatively there were multiple wooden pieces found piercing the lateral canthal tendon extending posterior to globe. Removal of intraorbital FB and lids laceration repair performed. Patient later underwent left orbital floor reconstruction with titanium mesh. CT scan repeated post operation noted there were no FB. Pre and post operation's Hess Chart showed under action of left medial rectus and overaction of right eye lateral rectus. However, patient's LE vision recovered to 6/6 with improving residual diplopia. Despite limitations in visualizing wood pieces, CT scans remain crucial in trauma patients. In cases where wooden FBs may not be clearly visualised, it is imperative for clinicians to maintain a high index of suspicion and anticipate potential risks associated with undetected FBs.