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Ocular trauma: a sticky situation

C J Chu, S A Rayner

Department of Ophthalmology, Cheltenham General Hospital, Cheltenham, UK

Correspondence to C J Chu, colin.chu@doctors.org.uk

DESCRIPTION

A 38-year-old man was struck by a branch in the right eye while riding a quad bike between trees. In the emergency department he was documented to have a seemingly intact globe, but with a linear corneal laceration and a small hyphaema presumably secondary to blunt trauma (figure 1). There was no evidence of aqueous leakage after the application of fluorescein and the anterior chamber was formed.

Ophthalmology review was obtained and, despite the apparently intact globe, penetration was confirmed during exploration under general anaesthetic. A small strand of iris had plugged the defect.

After primary corneal repair, a traumatic cataract and vitreous floaters became evident. During subsequent cataract

extraction and vitrectomy, a posterior capsule tear and spontaneously healed retinal laceration corresponding to the corneal wound were noted. We postulate that the eye deflated upon initial impact and rapidly reformed. This case emphasises the need to maintain a high suspicion of penetration following all ocular trauma.¹

Competing interests None.**Patient consent** Obtained.

REFERENCES

1. **Wagner PJ**, Lang GK. Mechanical ocular trauma. *Curr Opin Ophthalmol* 1996;**7**:57–64.



Figure 1 Complete globe penetration has occurred, but the eye appears formed.

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