



Images in clinical medicine



Haematocornea: a turning point in neglected trauma!

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Haematocornea: a turning point in neglected trauma!

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Image in medicine

Corneal blood staining can occur as a complication of traumatic hyphema. Known risk factors is total hyphema, rebleeding, high intraocular pressure (IOP), and endothelial dysfunction. We report a case of recurrent ocular trauma of which the second was neglected. Hence the importance of closely monitoring any hyphema regardless of its importance and make patients with hyphema aware of the need for rest and eye protection. The patient was victim of a first contusive trauma causing grade 1 hyphema with eye pressure of 12 mmhg and visual acuity of 10/10. No lesions were present in the posterior segment. Treatment with rest and topical corticosteroids was given. The patient was victim of a second trauma causing





pain and a profound decline in visual acuity. The second trauma was neglected and the patient continued the treatment initially delivered without consulting. Biomicroscopic examination 10 days after trauma found hematocornea (3/4 of cornea),

IOP at 35 mmhg and total hyphema. An ultrasound was performed and found a cataract. Urgent surgical lavage using a simcoe cannula was performed. Hyphema disappeared but the haematocornea persisted.



Figure 1: A, B) biomicroscopic appearance of haematocornea with post-traumatic cataract with magnification