

# EYE EMERGENCY AND RED EYE

THESE ARE SOME EXTRA NOTES THAT WERE MENTIONED BY THE DOCTOR DURING THE LECTURE.

## Eye emergency:

Hyphema blood in anterior chamber  
Can cause corneal staining for long time or permanently

## Effect of sickle cell anemia in the eye:

Due to abnormal red blood cell shape it will block trabecular mesh work and cannot pass it.

**Hypopyon** is pus in anterior chamber.

## Corneal abrasion:

Why it is emergency because it is pain full and more prone to infection due to loss of barrier which may lead to visual loss.

## Corneal ulcer:

It is common.

We must treat it quickly to prevent scar formation which affects corneal opacity and there is no blood vessel in cornea so white blood cell cannot reach the site of infection so we need antibiotic to get rid of infection.

We give broad spectrum antibiotic because most common organism is bacterial especially in acute condition but fungal take long time (chronic), and bacterial infection can perforate the cornea in less than 24 hours not like fungus which take more time.

We take swab for culture but we do not wait the result.

In our hospital they give cefazolin for gram positive and ceftazidime for gram negative as empirical treatment some time we give topical steroid to decrease the inflammation and scar formation.

Search for the cause of patient infection.

If it farmer think for fungal infection or parasite.

## Chemical injuries:

Alkaline is worst than acid because it is more erosive.

It does not cause sponification of tissue like acid which create a barrier against penetration

مو متأكدة من الكلام

*"Base chemicals (high pH) are worse for the eye. Acids tend to denature proteins and thus limit spread, but bases keep on going ... and going ... and going ... which explains the need for copious irrigation with any chemical injury to the eye.- source: online"*

عشان نعرف كم الجزء المتأثر من العين بسبب المادة الكيميائية وإذا ممكن تتجدد ولا لا نشوف حدقة العين  
التي هي الجزء الملون التي زي الساعة ونشوف كم إلي تأثر خصوصا على

Limbus

لأنه المكان التي موجود فيه الخلايا التي تسوي تجديد

## Uveitis:

Tuberculosis of eye is common and may affect eye without the lung

## Acute angle glaucoma:

Usually patient come in night because the darkness causes pupil dilatation and led to close of angle.

**Orbital cellulites:**

Must check for optic nerve swelling by fundal examination.

**Perceptual cellulites:**

It is more emergency in children less than 5 because they can develop orbital cellulites.

Management as out patient not likes orbital.

Warm compressor because it is infection and the compressor cause vasodilatation so more white blood cell will come.

Cold compressor used in allergy to get rid of edema.

**Endoophthalmitis:**

If it in vitruse we must give intraocular antibiotic because there is no blood vessel so no white blood cell.

**Retinal detachment:**

May lead to peripheral visual loss with spare macula could (macula on?)

Or affect central vision (macula off)

Peripheral visual loss (macula on?) Is better prognosis and it is emergency because it may progress and involved central vision.

We need peripheral vision mainly in night.

-\*we use topical cyclopegia to prevent adhesion between lenses and rise

**Rupture globe:**

Will be in weak points:

- in limbus
- Muscle insertion
- Back of eye

Sharp object cause sclera laceration

Perforation has both exist and inlet but penetration has only inlet

Blow out fracture diagnosed by CT and MRI

May cause malposition of eye lid or presentation which need perfect repair.

**Red eye:**

Dacroadenitis: inflammation of lacrimal gland.

Dacrocystitis: inflammation of lacrimal cyst.

We differentiate between them by location on is in upper lateral (gland), Lower medial (cyst).

**Blepharitis:**

More in oily skin people need lid hyagin, cleaning 3 times per day with baby shampoo, short course of antibiotic.

**Conjunctivitis:**

Types depend on type of discharge.

Bacterial one conjunctiva under the lid is papillary in shape with central blood vessel.

But in viral it is follicular cystic with no central blood vessel highly contiguous with lymph node Enlargement.

**Chlamydia:**

By *Chlamydia trachomatis* which cause trachoma transmitted by fly in agriculture area.

No there is no trachoma only complication of it.

Treated by systemic antibiotic.

**Pterygium:**

Indication of surgery is cosmetic, causing refractory error like astigmatism, interfere with central vision axis.

Trichiasis: cauterization of misdirection hair which decrease recurrence than removal the hair. And may correct eye lid if it abnormal.

**Nasolacrimal duct obstruction:**

By dacryocystorhinostomy.

Kerato participate are WBC attach to epithelium.

Valsalva can occur in constipation.

**Case:**

Middle age healthy man present with recurrent subconjunctivitis hemorrhage

Differential diagnosis:

Lymphoma or leukemia so do CBC

**Vernal Keratoconjunctivitis:**

Usually resolve after 16 years.

We must treat it very well.

May have complication from frequent rubbing.

Allergy with redness and itching.

Patient more prone to steroid abuse which cause early cataract and glaucoma.

**GOOD LUCK  
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