

# Reasons for poor visual outcome in ocular trauma in the paediatric age group

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## **Abstract:**

**Purpose:** To study the visual outcome, complications and reason for poor visual outcome in eyes with ocular trauma in the pediatric age group.

## **Material & Methods:**

**Study Design:** Prospective hospital based case series.

**Participants:** Patients with ocular trauma presenting in the Pediatric Ophthalmology Department of a tertiary care eye hospital over a period of five years.

Patients reporting to the hospital with eye injuries were examined. Visual acuity was recorded, anterior segment and fundus examination was done. Intra ocular pressure was recorded with Goldman Tonometer or Tonopen where possible. B-scan ultra sound and x-rays orbit or CT scan was done where needed. Penetrating or perforating injuries were repaired by the trained Paediatric ophthalmologist. Patients were followed at 1 week, 1 month, 3 months and at 6 months intervals.

**Results:** Total number of patients registered in the study was 509 ranging in age from 2 days to 18 years (mean  $8.66 \pm 3.88$  years). Most affected age group was between 5-10 years of age. There were 351(69%) male and 158 (31%) female patients. Open globe injuries were 387(76%) and blunt injuries were 117 (23%). Sixty-three (12.4%) eyes attained full visual recovery with 6/6 best corrected vision. Forty-two eyes (8.3%) ended having no perception of light (NPL vision). Ratio of trauma was more in rural (65.4% n=333), than in urban population (34.6%, n=176). Reasons for poor visual recovery below 3/60 were corneal opacity in 58 (11.4%), phthisis bulbi in 41(8.1%).

**Conclusion:** Ocular trauma is a major cause of uniocular blindness in children. Preventive measures to reduce the incidence of trauma in pediatric age group needs to be highlighted to decrease the morbidity. *Al-Shifa Journal of Ophthalmology 2016; 12(1): 22-26.* © Al-Shifa Trust Eye Hospital, Rawalpindi, Pakistan.

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