

A 21 year old man attends the ED with an injury to his right eye. A squash ball hit him in the eye 1 hour ago. He is complaining of pain around the eye with intermittent double vision. He is usually fit and well. He has a deep laceration to the medial canthus by the lower lid.

What features would you examine for in this injury? (3)

*Enophthalmos*

*Surgical emphysema*

*Visual acuity*

*Slit lamp examination and funduscopy e.g. hyphaema, pupil response*

*Eye movements*

*Diplopia esp. on upward gaze*

*Infraorbital nerve paraesthesia*

*½ mark each*

What important structure is the laceration likely to have involved? (1)

*Lacrimal canaliculi/duct*

You arrange for facial Xrays.

Comment on the x ray. (2)



*Air-fluid level in right maxillary antrum*

*Orbital floor fracture with "tear drop" sign*

He is referred to the MFU outpatient clinic in 2 days

What advice would you need to give this person? (2)

*No nose blowing-risk of surgical emphysema and increased orbital pressure*

*Return if vision deteriorates-probably due to raised orbital pressure.*

Whilst in the ED he complains of worsening visual acuity and pain. There is increased bruising around the eye and the eye now looks proptosed and injected. His eye movements are grossly reduced and his VA is 6/60 in the right eye.

What important complication may have arisen and what surgical procedure can be performed in the Ed to save his sight?

*Retrobulbar haemorrhage*

*Lateral canthotomy*