SELECTED ABSTRACTS FROM NATIONAL MEDICAL JOURNALS

Pages with reference to book, From 309 To 310

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OCULAR WAR TRAUMA IN AFGHAN REFUGEES OF RUSSIAN INVASION. Khan, M.D., Kundi, N., Mohammed, Z., Aneesa, A.F., Gulab, A. Pak. J. Ophthalmol., 1987; 3 : 75-78.

Afghan refugees of the Russian invasion who attended the Eye Department of Khyber Hospital, Peshawar from January 1978 to August 1984 were studied. 221 Afghans had eye injuries of which 210 were males and 11 females. The maximum number of cases were in the age range of 16 to 30 years (68.33%). The commonest cause of injury was shell fragments from bombs or mine blasts. Other causes of injury as small weapons, stones and road traffic accidents accounted for 6.4% of the cases only. 172 cases had a perforation of the cornea or sclera with 25 being bilateral. 28 patients had a retained intraocular or intra orbital foreign body of which 8 were bilateral. Concussion injuries with multiple conjunctival and corneal foreign bodies, traumatic nyphema and traumatic cataract occurred in 37 patients and traumatic ulceration was seen in 7 cases. Six patients had facial burns. 52 eyes were found infected on first examination. Surgical toilet was done with normal saline and debris removed. Suturing was done on the lacerated skin and sofratulle dressing applied. Primary repair was possible in 201 eyes. 50 eyes were excised due to irreparable damage, gross infection or phthisical state. Ten patients lost both eyes. 28 patients had intraocular or intra-orbital foreign bodies, 8 being bilateral. Bomb fragments, particles of sand and stone and two retained bullets constituted the foreign bodies. Eleven intra-ocular foreign bodies were removed with a magnet. Twelve cases were not attempted due to double perforation. Five eyes were grossly infected and were eviscerated. Primary hyphemas and vitreous hemorrhages were dealt conservatively and traumatic cataracts were excised. An increase in the incidence of ocular war injuries has been observed over the past century which is atttibuted to the use of explosives and devastating weapons. The Afghanis had a high percentage of blast injuries and the incidence of initial loss of eyes was also much more than quoted in other studies. This was due to severe structural damage and infection. It was also tragic to note that serious eye injuries were inflicted not only on fighting men but on innocent civilians including small children.

A RARE CASE OF OCULAR SARCOIDOSIS iN A PAKISTANI WOMAN. Khan, R.M.Q. Pak. J. Ophthalmol., 1987; 3:14 - 15.

Ocular manifestations of Sarcoidosis, a systemic disorder of unknown etiology, in a 50 year old Pakistani woman are described. The patient came in for a prescription of reading glasses. Her unaided visual acuity was 6/60. The external eye examination was unremarkable. The slit lamp findings were three small whitish patches on the pupillary border and several nodular projections on the iris in both eyes. White keratic precipitates of different sizes were noted on the endothelial surface of each cornea. Anterior chamber flare and reaction was present in both eyes and the anterior vitreous contained fine pigmented particles. The past history revealed a dry cough and significant weight loss about two years back. This was accompanied with dry eyes, low grade fever, breathlessness and aches and pains. A transbronchial biopsy showed a noncaseating granuloma diagnosed as sarcoidosis on histology. Blood studies were normal except for an ESR of 48 mm 1st hour. The chest Xray showed diffuse, streaky inflammatory shadows in the bases with asymeterical hilarlymphadenopathy. The lung volumes were reduced to 75 percent. Treatment was commenced with homatropine 2% solution and Maxitrol eye drops. A dramatic improvement was noted after two weeks and the treatment was gradually tapered off. The final diagnosis was systemic sarcoidosis with anterior uveitis. Ocular manifestation of sarcoidosis is seen as anterior uveitis which can at times be the presenting sign. Thus further investigations should be carried out in such cases to diagnose sarcoidosis.

HYDATID DISEASE OF THE ORBIT IN PAKISTAN. Sheikh, S.A., Akram, M., Javaid, I. Pak. J. Ophthalmol., 1987; 3: 5-8.

Eight cases of hydatid disease of the orbit seen in the Department of Ophthalmology, Nishtar Medical College Multan, from 1968 to 1986 are presented. There were 4 children, 3 girls of 9 and two of 12 years age and one 10 year old boy. The 4 adults were between the ages of 24 and 50 years and were 2 males and 2 females. All had a historyof proptosis ranging fromsixmonths to5years. The Casonis Test was positive in 5 cases and serum agglutination in 7 cases and all had a significant rise in the eosinophil count. Four of the patients had radiological abnormalities. All the patients were subjected to exploratory surgery and hydatid cysts were found in all the cases which were confirmed by histopathological examination. The Echinococcus Species causes disease in man. The hydatid cyst is the larval form of these parasites. The onset of the disease is insidious and the full clinical picture may take 20 to 30 years to develop. The diagnosis of hydatid cyst of the orbit is made by its clinical features and the examination of the aspirated contents. Casonis and agglutination tests may be negative. Management is by surgical excision of the cyst without rupturing it.

UNUSUAL OCCURRENCE OF INTRAOCULAR CYSTICEROSIS IN A MUSLIM GIRL MISTAKEN AS RETINOBLASTOMA. Khan, A.J.Pak. J. Ophthahnol., 1987; 3 55-57.

Ocular infection with tapeworm larvae, a rare occurrence in man, is reported in a 5 year old girl from the North West Frontier Province of Pakistan. The child developed pain and redness of the left eye along with leukocoria. The right eye was normal on examination whereas the left one had no light perception. A whitish mass and totally detached retina were present behind the pupil. The lenswas clear. The intraocular pressure was normal in the right eye and elevated to 40 mmHg in the left one. A thorough physical examination and routine laboratory tests alongwith Xrays of the chest, skull, and pelvis were done. Ocular sonography was also performed. The only positive findings were eosinophilia and a total retinal detachment. A retinoblastoma was suspected and the eye was enucleated. The globe was subjected to histopathological studies. Fluid containing larval hooklets and eosinophils was found in the detached retina and the vitreous cavity. The findings confirmed a diagnosis of cysticercus cellulosae. Man is an intermediate host in the life cycle of Taenia soluim or tapeworm. The parasite larva is released from the swallowed eggs and burrows through the intestinal wall into the blood stream to reach various tissues where it converts into a cystic form. Ocular involvement by the tapeworm is very rare and because retinoblastoma have a high incidence in the NWFP, so the child was diagnosed as Retinoblastoma. It is thus important that cysticercosis should be considered in the differential diagnosis of such conditions.