

# ASOT NEWS



The American Society of Ophthalmic Trauma Newsletter  
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## ASOT Wishes You a Happy and Safe New Year!

With celebrations coming up soon, it is important we remind ourselves of cork safety. Studies have shown that most bottle-cork eye injuries are due to sparkling white wine served at room temperature (1), with champagne bottles being most common (2). Champagne corks can fly up to 50mph and can lead to various ocular complications, including hemorrhage, traumatic glaucoma, and open globe injury.

The risk of trauma is not limited to only the bottle handler, but affects bystanders in more than one fourth of cases (2). Educating our patients on proper champagne cork safety is therefore critical, and can be summarized in the following 3 steps:

Sources:

- 1) Cavallini GM, Lugli N, Campi L, Pagliani L, Saccarola P. Bottle-cork injury to the eye: a review of 13 cases. Eur J Ophthalmol. 2003 Apr;13(3):287-91.
- 2) Kuhn F, Mester V, Morris R, Dalma J. Serious eye injuries caused by bottles containing carbonated drinks. Br J Ophthalmol. 2004 Jan;88(1):69-71.



Read more here: <https://www.aao.org/eye-health/tips-prevention/injuries-champagne>

## Running with Scissors

Adopted from the Journal of Pediatrics [www.jpeds.com](http://www.jpeds.com)

A 3-year-old boy presented with left upper eyelid swelling. He had been running with scissors, when he tripped and fell. On examination, his Glasgow

Coma Scale was 15/15, and the left upper eyelid was grossly swollen (Figure 1; available at [www.jpeds.com](http://www.jpeds.com)). The globe could not be visualized. There was blood-stained discharge from the region; however, no skin wound was evident. Computed tomographic (CT) imaging of the orbits and brain showed a penetrating cranial injury with an orbital roof defect and frontal lobe hematoma measuring 5 x 1.5 x 1cm (Figures 2 and 3; Figure 2 available at [www.jpeds.com](http://www.jpeds.com)).

Although penetrating cranial injury is uncommon, the transorbital route accounts for 45% of cases in children.<sup>1,2</sup> Many are occult with minimal soft tissue injury and no other clinical findings.<sup>3</sup> Falling onto an object, directing it vertically through the thin frontal bone portion of the orbital roof, is the most common pattern of occult injury.<sup>3,4</sup> Early detection of the injury and any retained foreign body may prevent sight and life threatening complications.<sup>3,5</sup> Noncontrast CT is the preferred imaging modality. It determines the course of the object and the extent of bone and parenchymal injury.<sup>6-8</sup> In cases of wooden foreign body, magnetic resonance imaging should be considered.<sup>3,8-10</sup>

Conservative management is appropriate for some, and others require intervention (eg, those with retained

foreign body).<sup>8</sup> Our patient was admitted for observation and intravenous antibiotics. Since then, his lid swelling has resolved and his visual acuity is 6/6 bilaterally with normal ocular motility. He has no apparent neurologic deficit, and his family reports he is functioning at his preinjury level. n.A.Y. funded by the Joyce Henderson Bequest Fund. The authors declare no conflicts of interest.

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4. Lin H, Lee H, Cho D. Management of transorbital brain injury. *J Chin Med Assoc* 2007;70:36-8.
5. Bard LA, Jarrett WH. Intracranial complications of penetrating orbital injuries. *Arch Ophthalmol* 1964;71:332-42.
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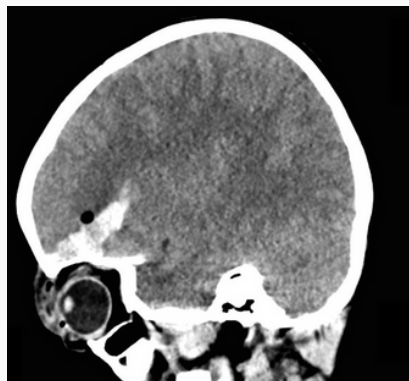


Figure 3. Sagittal noncontrast CT showing tract of scissors with frontal lobe hematoma and intracranial air.t

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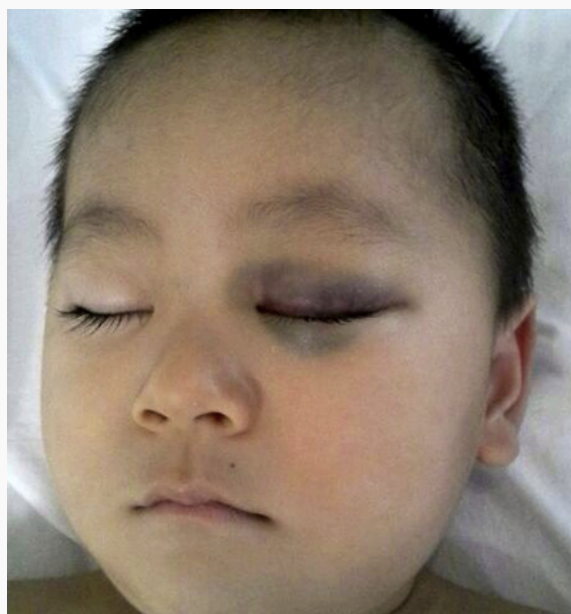


Figure 1. Left lid swelling and bruising three days after injury.



Figure 2. Three-dimensional reconstructed CT imaging showing orbital roof defect.

## ASOT UPCOMING EVENTS - SAVE THE DATE!

### **June 3, 2023:**

ASOT's 3rd Annual Meeting will be held in person in New York City with a virtual option available.

Details to come!

### **August 4-5, 2023:**

The International Society of Ophthalmic Trauma in Cartagena de Indias, Colombia.



## Membership Campaign to Launch in January

ASOT will be launching their membership campaign in January of 2023 to engage new members in our community and welcome back current members. “A vibrant organization means an active and involved community, advancement of evidence-based research, and meaningful networking for our members,” said Allison Rizzuti, MD, ASOT’s Board Secretary.

“ASOT is your professional home where we all share the common goal to improve ophthalmic trauma care across the casualty care continuum, including the prevention, diagnosis, mitigation, and treatment of eye injuries to preserve sight”.

As a member, you have access to programs and events that grow knowledge and advancement in the field while ensuring optimal ophthalmic trauma patient care. To learn more about membership benefits and categories, visit the ASOT website.

**Watch your email for the formal announcement of the membership campaign which includes information on your chance to win \$200 Amazon Gift Card during the January campaign.**

**ASOT IS ON SOCIAL MEDIA. CLICK ON THE ICONS BELOW TO FOLLOW!**





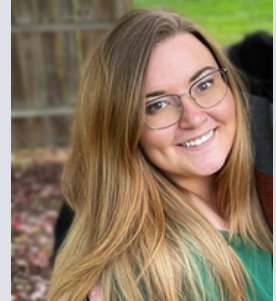
# Meet The New ASOT Management Team

We are excited to share with you that the ASOT Board of Directors has partnered with a new management team, Global Management Partners (GMP). The Executive Office team listed below have been working behind the scenes to assist with the management transition, and in fact, many of you may have already interacted with them!



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## CALL FOR FEATURED CASES FOR ASOT NEWSLETTER

Each edition of the ASOT newsletter features a case presentation submitted by an ASOT member. This Call for Featured Cases is asking for your stories and cases that can be featured in a future newsletter. Simply email your case to: [info@theasot.com](mailto:info@theasot.com)

Sections of the featured case to include with your submission are:

- Case Presentation
- Case Management
- Case Discussion

## We look forward to receiving your cases!

