ASOT News

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The American Society of Ophthalmic Trauma Newsletter

Allison Rizzuti, MD and Gabriella Schmuter, MD

2024 Annual Meeting: Call for Abstracts & Nominations Now Open

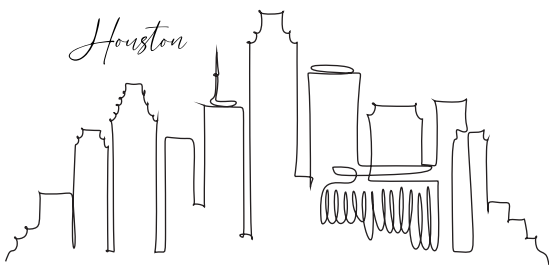
ASOT's 2nd In-Person Annual Meeting in Houston, TX is now a spectacular two-day event! Save the dates for May 17-18! Double the insights, double the connections. Don't miss the excitement – join us for an unforgettable experience! Registration will be available in early January! We are now accepting abstract submissions for the ASOT 4th Annual Meeting. Abstract submissions must be received for consideration by February 20th at 5:00 pm EDT. Please go to this link for guidelines & to submit an abstract for consideration.**#ASOT2024**

The 2024 Call for Award Nominations is now open as well! As a member of ASOT, you are invited to submit your nominations for the recipient of the 2024 KUHN AWARD.

The Kuhn Medal is the Society's highest award and is given to those that promote knowledge, research and understanding in ophthalmic traumatology. The award is named for Ferenc Kuhn, MD, PhD, the father of the field of modern ophthalmic traumatology and the inspiration for the founding of ASOT.

The Award Recipient will be honored during the ASOT's 2024 Annual Meeting being held on May 18th in Houston, TX with a medal and will be asked to deliver the Kuhn Address.

Submit your nomination no later than Tuesday, February 20th by 24.00H with a 250 word (maximum) Letter of Nomination indicating why your nominee should be selected for the Kuhn Award along with a copy of your Nominees CV to the ASOT Executive Office at info@theasot.com.



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HOT OFF THE PRESS

Recent Publications in Ophthalmic Trauma

The Association of Cardiovascular and Neurological Comorbidities in Geriatric Patients Sustaining Ocular Trauma

https://pubmed.ncbi.nlm.nih.gov/38026601/

It is possible that ocular trauma is an early indicator of systemic or neurologic degeneration since ocular injury that occurs during falls is unlikely unless there is a disruption in protective maneuvers that protect the face. In this retrospective cohort study, 141 patients over the age of 65 measured new diagnoses of various disorders during the 5-year period following sustained trauma to the eye or orbital region. It was found that patients who suffered periocular trauma were more likely to develop heart failure (p=0.00244), dementia (p=0.00002), Alzheimer's disease (p=0.00087), and vascular disease (p=0.00037). Ophthalmologists should ensure primary care follow-up in patients who sustain ocular trauma from falls as there it may be an indicator of underlying degenerative or systemic disease.

Disability-Adjusted Life Years due to Ocular Injury Among Deployed Service Members, 2001-2020

https://pubmed.ncbi.nlm.nih.gov/38008289/

The purpose of this study was to quantify the burden of ocular injuries on deployed United States service members by calculating Disability Adjusted Life Years (DALYs). This retrospective observational cohort study involves United States service members with ocular injuries sustained in combat zones between 2001 and 2020 using data from the Defense and Veterans Eye Injury and Vision Registry. It was determined that 17,555 patients sustained ocular injury that incurred a total of 11,214 DALYs. The primary contributors of DALYs were severe impairment of distance vision (77.9%) and blindness (10.6%). It was found that permanent disability accounted for 99.5% of total DALYs. The average yearly incidence rate of ocular injury was 32.0 cases per 10,000 United States service members. The most frequent injury types were foreign body (n=2,754), abrasion (n=2,419), and multiple injury types (n=1,429). This study reports higher average DALYs per case ratio among United States service members compared to the general population as studied by the Global Burden of Disease study. This study provides further insight into the impact of ocular injuries on active-duty service members.

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ASOT FEATURED ARTICLE:

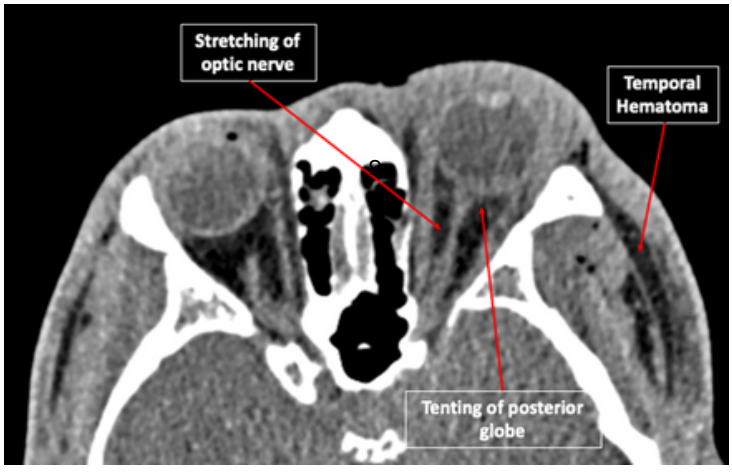
Retrobulbar Hemorrhage Refractive to Lateral Canthotomy and Cantholysis

Andrew Fine; Brian Smith, DO; Jordan Ball, DO; Karine Shebaclo, MD

Presentation:

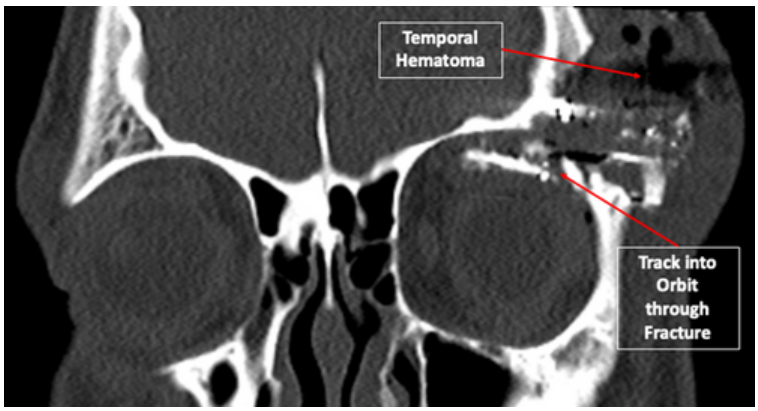
S A 15-year-old male presented to the local emergency department after an accidental self-inflictedgunshot wound to the left side of the face. On arrival, the patient was alert, cooperative, neurologically intact (Glasgow Coma Scale of 14), and hemodynamically stable. Physical exam was significant for a 1.5 cm laceration above the left brow, swelling of the left scalp, left fixed and dilated pupil, left-sided proptosis, and periorbital edema of the left eye. Visual acuity was 20/20 OD and light perception OS. Intraocular pressure (IOP) was 14 and unreadable by tonopen (>60 mmHg), respectively. CT scan confirmed a left comminuted superomedial orbital rim fracture with depressed fragments, bullet fragments in the lateral periorbita, a frontal scalp hematoma, and a small left retrobulbar hematoma (Image 1) The globe appeared formed and intact.

Image 1



A lateral canthotomy and cantholysis was performed emergently. After the cantholysis of the inferior crux, the IOP was now 54 mmHg. Cantholysis of the upper canthal tendon was then performed and the IOP decreased to 47 mmHg. After a few minutes, the patient began to complain of increasing pain in the left eye. His IOP had returned to being unreadable by tonopen (>60 mmHg).

Image 2



Another careful review of the CT revealed the frontal scalp hematoma was between the temporal superficial and deep fascia tracking through comminuted orbital fracture into the retrobulbar space (Image 2). A 6 cm incision was made in the posterior auricular region and the hematoma was expressed (Image 3). The hematoma evacuation led to a dramatic decrease in intraocular to 38 mmHg. The patient started triple topical antihypertensive therapy with timolol, dorzolamide, and brimonidine.

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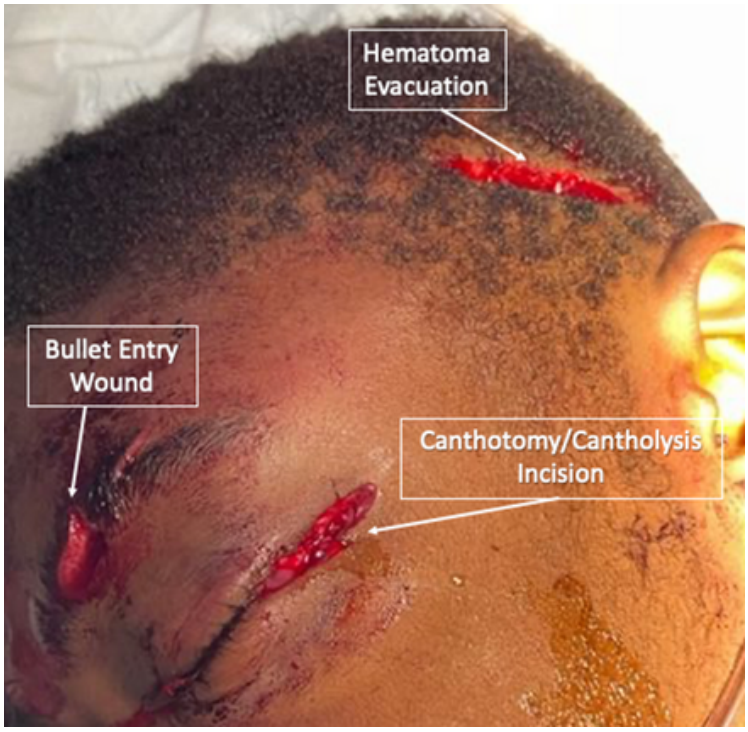
ASOT FEATURED ARTICLE:
Retrobulbar Hemorrhage Refractive to Lateral Canthotomy and Cantholysis (continued)

A fox shield placed over the left eye and gauze over the scalp incision. The patient was then urgently transferred following the procedure to the local children's hospital. Upon arrival at the children's hospital, the patient's intraocular pressure was 16 in the left eye.

Image 3



Upon follow-up two weeks following the trauma, his visual acuity was 20/20 and NLP. His intraocular pressures were 11 and 10 mmHg, respectively. On slit lamp examination, he had multiple iris sphincter tears and a traumatic cataract in the left eye. On dilated fundoscopic examination, he had vitreous hemorrhage with white fibrotic scarring across the macula.

After 6 months, the visual acuity and examination remained stable. The patient elected to have a lateral tarsal strip and canthopexy to repair ectropion that developed from the canthotomy and cantholysis.

This case highlights a few pearls the management of complex orbital decompression for retrobulbar hematoma in the setting of facial trauma:

1) Intraocular pressure should be monitored frequently following canthotomy with cantholysis in the immediate post-operative period for persistent IOP elevation from continued hemorrhage into the retro-orbital space.

2) Associated facial trauma around the orbit can contribute to retrobulbar hemorrhage and need immediate attention to effectively alleviate the compartment syndrome.

Do you have an interesting trauma article or case to submit for our newsletter? Please send an email to info@theasot.com to have it featured!

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The Ophthalmologist-Approved Holiday Gift Guide

The American Academy of Ophthalmology recently published a holiday gift guide that can be provided to patients this season. It is important to remind patients that some holiday toys have been implicated in eye trauma. The article underscores a few safety tips for patients buying toys for their children, namely to avoid purchasing toys with sharp parts and to ensure children are appropriately supervised during play. Patients should also check the label of laser products to ensure that the device complies with 21 CFR (Code of Federal Regulations) Subchapter J. Protective eyewear with polycarbonate lenses is encouraged. “Eye-safe” holiday gift ideas include: arts and crafts supplies, outdoor sports equipment, educational games (such as board games), social card games (such as ‘What Do You Meme’), and cooking products. The article also features a video about choosing safe toys for children. ***Check it all out here:***

https://www.aao.org/eye-health/news/doctor-approved-holiday-gift-guide-kids-toys

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Fasika Woreta Concludes Her Role as AAO Councilor and Earns Distinguished Straatsma Award

ASOT President, Fasika Woreta, MD, MPH, was recognized for her participation on the Counsel of the American of Ophthalmology during the AAO meeting in San Francisco. Dr. Woreta served on the counsel for 2 years for the American Society of Ophthalmic Trauma. Counsel representatives for ASOT are elected by the board of directors and on December 31st, 2023 Dr Woreta will complete her term. Grant Justin has been elected by ASOT to serve as AAO counselor and will begin his term on Jan 1 2024.

The Council serves as an advisory body to the Academy's Board of Trustees. More than 100 Academy members serve on this body as liaisons between their society and the Academy.

Councilors bring issues identified by their societies to the attention of the Academy's Board of Trustees through Council Advisory Recommendations (CARs). CARs are debated annually during the Council's spring meeting, and ultimately recommendations are formulated for Academy Board consideration.

Dr Woreta was also the recipient of the Straatsma award. This award was established through the American Academy of Ophthalmology, the Association of University Professors of Ophthalmology and private funds, and is given to a program director dedicated to the principles and significance of residency education.
The presentation of the Straatsma Award took place during the Program Director Forum at the annual meeting.

Congratulations to Fasika Woreta on these accomplishments.

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ASOT IS ON SOCIAL MEDIA



American Society of Ophthalmic Trauma

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