Vet.M J.J.,Giza. Vol.42,No.1.(1994):123-124

AN EFFCTIVE THERAPY FOR TRAUMATIC HYPHEMA IN ARABIAN FILLY

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Received 15/12/1993

An Arabian filly of about 2.5 years old was refered to the clinic of Race and Equestrian Club in Doha, Qatar, Gulf State with a history of corneal pigmentation and loss of vision of the left eye following an accidental trauma.

Clinical Examination:

The filly was showing restlessness, and hypersensitivity. Therefore thorough examination was possible after tranquillization with acepromazine. The affected eye was avisual and showed blepharospasm and epiphora. An appreciable amount of blood occupying nearly 2/3 of the anterior chamber and mild corneal opacity were seen.

Diagnosis:

Left Traumatic Hyphema.

Treatment:

The condition is potentially serious as the filly might loose her eye. Therefore immediate complete rest was mandatory and therapy assumed 2 ways.

1. Local: It comprised the following:

a) Topical application of corticosteriod, dexamethasone sodium phosphate 0.1%, gentamycine 0.3%, scopolamine 0.25% and terramycine eye ointment into the affected eye twice daily.

b) Subconjunctival (Episcleral) injection of corticosteriod, dexamethasone 0.1% 1ml.

c) Eye bandage and complete restraint of the filly in standing position by securing her head by a robe fixed at the center of the ceil and the other end of the robe was tied in the head collar of the filly.

2. Systemic: It comprised the following:

a) I. M. injection of glucocorticoid, Synacthen depot (Ciba) one injection every 3 days.

b) Antibiotic Neopen (intervet) for 10 days.

c) Acetazolamide, Diamox (Lederle) 5gm daily in the food. The above programof treatment was continued for 4 weeks.

RESULTS AND DISCUSSION:

Having used the above program of therapy, marked improvement was shown after the first 3 days of treatment manifested by obvious reduction of blepharospasm, tenderness and restlessness. The next subsequent days of treatment showed progressive and sustained improvement since the amount of the imprisoned blood in the anterior chamber showed gradual decrease. The visual capacity was markedly restored. By the end of nearly 4 weeks of treatment, the affected eye regained normality except a small localised scar at 8 clock mark of sclerocorneal junction denoting the seat of original trauma.

The success of managment of the above case was attributed to two main factors. Primarily, complete rest of the patient, restraint of the head to minimize shaking of the head and rubbing of the affected eye and bandagine using eye pads were very important. Here it should be noted that shaking of the head and activity of the patient aggrivate the condition and promote recurrent bleeding. Secondly, using of specific

medicaments for procuring rapid resolution without any delay. Hence it should be emphasized on the role of corticosteroid therapy for treatment of such conditions because of their amazing anti-inflammatory effect besides prevention of scarring neopigmentation, secondary uveitis and neovascularization (Magrene, 1955, Schmidt 1976 and Blogg 1982).

Subconjunctival injection of corticosteroid proved very effective in such conditions specially those deep seated lesions of the eye . Hauever, 1966 and Gelatt, 1968 found that via subconjunctival injection, the ocular absorption is usually excellent as single injection achieves higher intraocular drug level than do few topical applications.

Systemic corticosteroid are also valuable to be used in adjunct with local therapy specially in deep and severe lesions of the eye. However, corticosteroid should be cautiously employed in infected lesions. Therefore antibiotic should be used to protect against secondary infection.

In the current report, a carbonic anhydra inhibitor, acetazolamide (Diamox) was used t avoid secondary glaucoma by increasing t aquous outflow at the iridicorneal angle.

Topical application of scopolamine as cycloplegic agent was used to provide mydri since it decreases aquous production and preve peripheral anterior synechiae and offers pain re (Blogg, 1982).

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