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# Post Traumatic Lacrimal Gland Avulsion: About a Case

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### Abstract

Eyelid trauma is of great clinical polymorphism dominated by eyelid wounds. We report a clinical case of a child presenting to the ophthalmic emergency with an upper eyelid wound complicated by avulsion of the lacrimal gland. The wound was sutured after reintegration of the gland with simple operative consequences.

The diagnosis is clinical and the prognosis essentially depends on the associated lesions.

Keywords: Trauma; Avulsion; Lacrimal Gland; Annexes

#### Introduction

Palpebral traumatology is a highly polymorphic clinical field, dominated by eyelid wounds. Perfect knowledge of the anatomy, relationships and physiology of the eyelids is essential for perfect reconstructive surgery. We report an exceptional clinical case of a palpebral wound complicated by avulsion of the lacrimal gland.

### Observation

5-year-old child with perforating trauma to the upper eyelid caused by a sharp object. On admission, ophthalmological examination revealed preserved visual acuity, ecchymotic palpebral edema and an upper temporal palpebral wound leading to the lacrimal gland. Further examination revealed an intact eyeball with normal anterior segment and fundus. Examination of the adelphic eye was normal. The wound was sutured after reintegration of the gland under the orbicularis by absorbable and non-absorbable threads according to each plane, and the postoperative course was straightforward. A shirmer test performed at day 7 and at 2 months later revealed no dry eye. The evolution was marked by good skin healing without ptosis or glandular prolapse.

#### Discussion

The lacrimal gland is deeply protected within the lacrimal box. Post-traumatic avulsion of the lacrimal gland is therefore a rare entity involving violent trauma to the upper eyelid, often with a palpebral wound. It generally occurs in young adults. Diagnosis is clinical, and prognosis depends essentially on the associated lesions. There are two complications to watch out for: prolapse of the gland through the area of skin weakness and, above all, dry eyes due to atrophy of the lacrimal gland, which must be monitored using the Shirmer test.



Figure 1: Preoperative aspect.



Figure 2: Postoperative aspect.

### Conclusion

Although rare and benign, post-traumatic avulsion of the lacrimal gland merits special attention from the ophthalmologist, with strict monitoring of lacrimal secretion, the only way to prevent dry eye complications.