

Injury Repair Brings a Smile, If Done Correct

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Received: May 24, 2022

Published: June 27, 2022

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Abstract

Trauma is one of the leading cause of ocular morbidity. More common in young males.

Injury repair is extremely challenging. There is no set plans. Planning is done on the go at the operating table quite often. The outcome depends on the extent of injury, time of surgery, contamination of the wound, available facilities and the experience of the surgeon.

Here we are presenting a case of upper lid injury repair done back in 2015 and the patient reporting after six years.

Keywords: Trauma; Smile; Injury

Introduction

It is imperative to state the importance of primary repair of injury, irrespective of specialty. It is more so important in case of ocular trauma. The window period for primary wound repair is small. Also the setup necessary for a good surgical outcome is few. Not all the hospitals have a good ocular trauma center.

We are reporting one case of extensive lid injury that was repaired on 2015. The patient was followed up for one month and then subsequently was lost from follow up. Later he visited after six years for a checkup.

Methodology

The patient reported with a right upper lid injury in 2015. He worked at the zoo. He was feeding the deer when he accidentally fell on the horn of one of the stags. He sustained extensive full thickness upper lid injury in the right eye. Fortunately his globe was unharmed. He reported 30 minutes following the incidence.

Figure 1: (1) Extensive full thickness right upper lid injury. (2) Uninjured globe.

The injury was repaired immediately. With all aseptic precaution lid was repaired in layers with 7-0 and 6-0 polyglactin (Vicryl) suture under local anesthesia. Systemic antibiotic was administered along with analgesics and anti ulcerants. A pressure bandage was applied to prevent lid edema.

Dressing was done after 24 hours with satisfactory results. He was discharged after 07 days. Follow up was done after one month. Then he did not come for any more follow up visits.

Later he visited the OPD six years later on June, 2021 for checkup. The outcome of the injury repair was excellent. Lid contour was good with no lid notching and very little scar formation. Lid crease was also excellent. There was no drooping of lid margin.

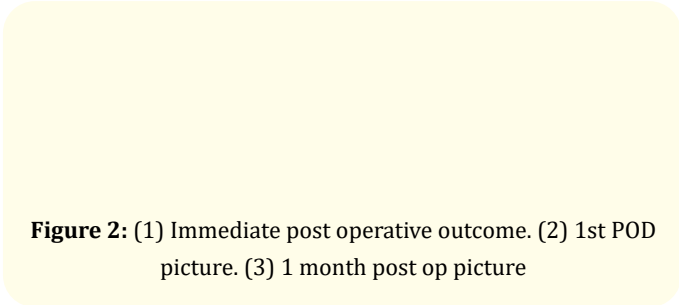


Figure 2: (1) Immediate post operative outcome. (2) 1st POD picture. (3) 1 month post op picture

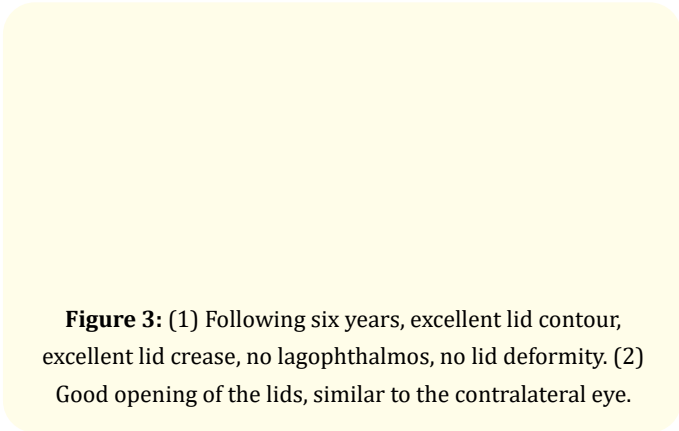


Figure 3: (1) Following six years, excellent lid contour, excellent lid crease, no lagophthalmos, no lid deformity. (2) Good opening of the lids, similar to the contralateral eye.

The aim of this article is to emphasize on our efforts on primary wound repair. If done meticulously, it is possible to bring back the smile of the patients as well as our own satisfaction.