COMPLICATION OF TRAUMATIC HYPHAEMA*

BY

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HYPHAEMA is a common sequel to injury of the eye, whether perforating or non-perforating. Most cases subside without further incident, but secondary glaucoma must always be regarded as a possible complication.

Miss A. B., aged 14 years, received an injury to the right eye from a paper dart on August 18, 1948. The vision of the eye was immediately lost. She was examined on the following day, and the findings were:—*Right eye*, vision 6/12, conjunctival and ciliary congestion, and 3 mm. hyphaema; semi-dilated, fixed, pear-shaped pupil; fundus details not seen. *Left eye*, vision 6/5. no abnormality. She was admitted to hospital, and atropine was instilled into the right eye. On August 22, 1948 a further haemorrhage occurred into the anterior chamber of the right eye, and was followed by a rise of intra-ocular tension. Atropine was stopped and eserine drops instilled, while magnesium sulphate gr. ii was given by mouth twice daily. The blood-count at this time was normal, and the bleeding and clotting times were normal. On August 24, 1948, after a fall, the tension rose again, but was reduced by liq. adrenalin hydrochloride, 1/1000, minims 5, injected subconjunctivally. On August 27, 1948, the tension again became raised but was controlled by guttae adrenalin hydrochloride 1 in 50, instilled 4-hourly. On August 30, 1948, the tension was again high, and the vision was reduced to hand movements. Paracentesis of the anterior chamber was carried out under pentothal anaesthesia, and a large quantity of blood-clot was evacuated. Subsequent improvement was steady, and she was discharged from hospital on September 18, 1948. Examination on October 12 showed that the right pupil was semi-dilated and pear-shaped. The eye was otherwise normal, and its vision 6/12.

It is suggested that there is considerable risk of secondary glaucoma if a mydriatic is employed in cases of post-traumatic hyphaema, because dilation of the pupil may re-open a bleeding point in the iris. Such glaucoma will be more readily controlled if homatropine rather than atropine has been used.

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