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ECHO SESSION CASE PRESENTATION

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Case Presentation

NS 30-year-old male was admitted on 18th September 2024, referred from Kisenyi Health Center with a 5-day history of trauma to the right eye following a road traffic accident (RTA). He was riding a motorcycle when he was knocked by a car, causing him to hit his head on the windshield of a taxi. He sustained cuts to his face and right eye, with the right eye being painful, associated with photophobia and a sensation of a foreign body in the eye.

He was being managed with oral Ampiclox, Ibuprofen, and Probeta-N eye drops, but with no marked improvement. There was no history of tearing or any eye discharge.



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Primary Survey (Emergency Assessment and Management)

A	Airway	<ul style="list-style-type: none">• Patent and able to talk	<ul style="list-style-type: none">• No intervention
B	Breathing	<ul style="list-style-type: none">• Not in resp distress, bilateral air entry , no crackles no rhonchi• Rr -18b/m spo2 97% ra	<ul style="list-style-type: none">• No intervention
C	Circulation	<ul style="list-style-type: none">• Warm extremities , CRT <3sec, pr 89b/m BP 123/78mmgh hs 1n11 heard with no murmur	<ul style="list-style-type: none">• No intervention

Primary Survey (Emergency Assessment and Management)

D	Disability	<ul style="list-style-type: none">• Fully conscious 15/15, pupils rt -2mm left 3mm reactive to light• Neck soft , kerning negative• RBS = 5.2mmol/L	<ul style="list-style-type: none">• No intervention
E	Exposure	<ul style="list-style-type: none">• Bruises around right eye	<ul style="list-style-type: none">• For further assessment

Secondary Survey (Head-to-toe examination)

General exam – good general condition , not pale , no jaundice, not dehydrated and no edema

Eye: visual acuity



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Secondary Survey (Head-to-toe examination)

Slit lamp examination .

Corneal limbal tear



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SAMPLE History

S	Sign & Symptom	<ul style="list-style-type: none">Painful right eye with photophobia and sensation of foreign body following trauma to right eye.	
A	Allergies	<ul style="list-style-type: none">No known drug or food allergies	
M	Medication	<ul style="list-style-type: none">Given po ampiclox , po ibuprofen and eye drops probeta N for 5 days	

SAMPLE History

P	<ul style="list-style-type: none"> • Past Medical History • Past Surgical History • FSH 	<ul style="list-style-type: none"> • No h/o chronic medical illnesses eg. Htn or dm . HIV sero negative • No h/o any operations especially eye surgery • Builder and Father of 4 children, no smoking & occasional alcohol intake 	
L	Last meal/LNMP	<ul style="list-style-type: none"> • Last meal: 5 hours to onset of events 	
E	Events	<ul style="list-style-type: none"> • Involved in RTA as He was riding a motorcycle when he was knocked by a car and hit his head on the car windshield. 	

Problem List

1. Right eye pain
2. Reduced visual acuity of right eye

Investigations

- RBS: 5.5mmol/l
- CBC- HB = 12.5g/dl and other parameters were normal
- Slit lamp examination-corneal limbal tear

Diagnosis

- Corneal limbal tear



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Management

18/09/2024

Scleral repair was done in theater -

Found limbal tear at 12'clock -3'clock with iris prolapse

Defect repaired with vicryl 8.0

Subconjunctival dexta, genta and triamcinolone given

Eye pad and dressing applied

Post operative rt

Open dressing after 24hours

Iv dynaper 75mg tds for 1/7

Iv ceftriaxone 2mg od for 3/7



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20th /09/2024

- Dressing was opened
- Eye drops tobramycin 2hourly for 2/52
- Eye drops nepafenac 6 hourly for 2/52
- Tetracycline eye ointment 1% noct for 2/52
- Po pcm 1gm 8hourly for 3/7
- Visual acuity



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23 /09/2024

- Visual acuity
- Well wound healing
- Hyperemic conjunctiva
- Discharged home
- To return after 1 week



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Thank you