Acquired ocular disease occurs at a higher incidence than congenital disease. Lacerations are the most common traumatic injury to the eyelids but are infrequent in food animals. Orbital injuries may occur due to direct or indirect trauma. The degree of injury may vary from a simple contusion or an abrasion of the skin in the orbital region to the fracture of the orbit (Chawla et al., 1996). In the present report a case of traumatized eye and its surgical management is described.

A four year old female indigenous buffalo weighing approximately 400 kg body weight was brought to the large animal surgery out patient unit of Madras Veterinary College Teaching Hospital with the history of unknown traumatic injury in the right eye 12 hours back. Examination revealed the periorbital fat and tissue exposed out, some part of upper eyelid and inner canthus were separated and hanging and as well as outer canthus was also injured, fracture of the dorsal part of the orbit was noticed but lower eyelid was intact with swelling. Eyeball was also intact but protruded partially with loss of vision and reflexes (Fig 1). On the basis of clinical signs, it was decided for extirpation of eye ball and tarsorrhaphy.

The traumatized eye was thoroughly cleaned with normal saline under sedation (xylazine hydrochloride at the dose rate 0.1mg/kg body weight intramuscularly) and retrobulbar block by 2% lignocaine hydrochloride (40ml). The eyeball and associated structured including palpablar conjunctiva were extirpated. Tarsorrhaphy was performed and sterile gauze was packed into the orbital cavity through medial canthas. After that the buffalo was treated with Streptopenicillin 5 gm and Meloxicam at the dose rate of 0.5 mg/kg body weight. Same treatment was given upto 5 post operative days. Sutures were removed on the 8th day without any post operative complications. Extirpation technique is indicated following ocular trauma leading to panophthalmia, painful glaucomatous eyes, extensive ocular tumours, irreparable injury, orbital abscess, severe trauma with loss of globe (Chawla et al. 1996; Venugopalan, 2000, Turner and McIlwraith, 1995). Complete permanent tarsorrhaphy usually followed enucleation and extenteration (Chawla et al. 1996).
References


Traumatized Eye with hanging part