CASE NOTE

CORTISONE IN A PERFORATING EYE WOUND*

BY

HENRY O. LITTLE

Hudson, New York

IN treating a perforating wound of the eye, I detached an anterior synechia from the back of the cornea by massage of the eyeball through the upper lid.

Case Report

On July 7, 1951, a little girl aged 10 was sent to me by a local physician with a penetrating wound of the left cornea caused by a pine twig. She had received the wound in falling from a tree at her Catskill mountain home. She had a rough comminuted perforation in the upper half of the cornea. The undilated pupil was round and did not appear to be caught in the wound. Several fragments of pine bark debris were picked from the wound under the slit-lamp, and 1 per cent. atropine drops were instilled. Both eyes were bandaged and she was admitted to hospital. When the eye was dressed the following morning, it was discovered that a small tag of iris on the upper pupillary margin was incarcerated in the wound. Atropine drops were instilled three times a day.

When the patient was discharged on July 12, the eye was less red and the pupil quite well dilated, but a fairly dense flare was present in the anterior chamber. The flare contained cells. The patient was allowed to go home, and the following treatment prescribed: cortisone drops to be instilled every two hours during the day; 1 per cent. atropine ointment to be used at bedtime; 40 gr. aspirin to be taken each day.

On July 24, the anterior chamber was completely clear. Atropine and cortisone were continued until August 6; at this time the eye was almost white, the anterior chamber was still perfectly clear, and the anterior synechia mentioned above was still attached to the wound and well stretched out by the dilated pupil.

On August 30, when the patient was last seen, the synechia was ruptured by massage of the eyeball through the upper lid, and the tag of iris was retracted upward producing an almost round pupil. In my experience the resolution of an anterior synechia of this kind by external manipulation is unique.

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