

Insight into likelihood of retinal detachment following open globe injury

January 1 2014

Ocular trauma causing open globe injury, or a breach in the wall of the eye, remains an important cause of vision loss, with more than 200,000 open globe injuries occurring worldwide each year. In many cases, retinal detachment follows the traumatic injury, causing significant vision loss or blindness.

Researchers from the Massachusetts Eye and Ear, Harvard Vanguard Medical Associates and Harvard Medical School Department of Ophthalmology report on the first study in 35 years that reviews the circumstances around retinal detachment after open globe injuries (OGI) and describes a new tool that may help ophthalmologists predict which patients are at higher risk after open globe trauma so they can potentially prevent retinal detachment from happening or identify – and repair – it more quickly, thus saving vision. The paper is posted online in the journal *Ophthalmology* and slated for the January print edition of that publication.

Researchers performed a retrospective review of 1,036 consecutive OGIs evaluated by the Eye Trauma Service of the Massachusetts Eye and Ear from Feb. 1, 1999, to Nov. 30, 2011. A total of 143 charts were unavailable for review or incomplete and so were excluded from analysis, yielding a total cohort of 893 eyes. Open globe injuries were treated urgently at presentation. After open globe primary repair, patients were admitted for 48 hours of intravenous antibiotics.

Demographic and clinical data from these 893 charts were entered into a

database. Variables included were age, sex, date, time and place of injury, mechanism of injury, initial clinical findings, date and time of open globe repair, ocular trauma score, zone of [injury](#), date of retinal detachment diagnosis, date of retinal detachment surgery, and last date of follow-up (censoring date).

Patients who developed retinal detachment were older (mean age, 46 vs. 38 years; P

Citation: Insight into likelihood of retinal detachment following open globe injury (2014, January 1) retrieved 4 May 2024 from

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