

GENERAL OPHTHALMOLOGY

Pattern of Ocular Injuries in Patients Presenting at FMC, Abeokuta
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Introduction: In this era of high speed traffic and industrialization, the incidence of ocular injuries is on the increase. Each year, there are 55 million eye injuries globally that result in restrictive activities for more than 2 days. There are about 2.4 million eye injuries annually in the United States of America of which more than 40,000 result in permanent visual impairment.

Objective: To evaluate the epidemiology of cases of ocular trauma seen at the Federal Medical Centre Abeokuta.

Methodology: A 4-year retrospective hospital-based study of patients presenting to the Eye Clinic of Federal Medical Centre Abeokuta, Ogun State, Nigeria. Study period was January 2010 to December 2013.

Results: 11,600 patients were seen between January, 2010 to December, 2013 of which 464 (4%) were trauma cases. 338 (73%) were males and 126 (27%) were females. 28 (6%) used protective eyewear while 436 (94%) did not. Regarding age distribution, two peaks observed [Figure 1]. 28 (6%) presented on day of injury, 223 (48%) within the first week and 213 (46%) after the first week of injury. 44% of injuries occurred at work, 30% at home and 26% elsewhere. Road traffic accidents (RTAs) contributed the most cause of eye injuries. The commonest structures involved were the eyelid, cornea and conjunctiva in decreasing order. Only 9% of patients with initial V/A <6/60 had better vision after treatment.

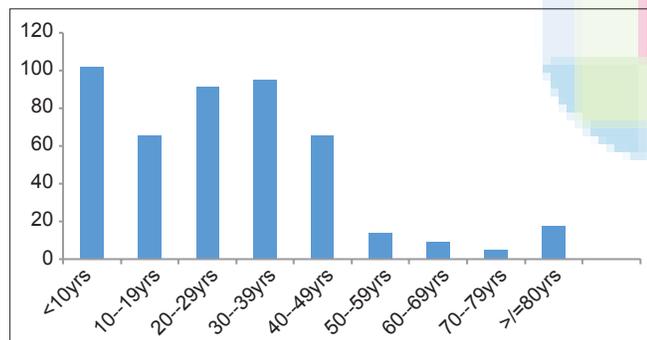


Figure 1: Age distribution

Discussion/Conclusion: Ocular injuries are common in RTA patients, more in males than females, mostly affect the eyelids and cornea and seen more in patients <10 years and those aged 20–39 years. This would help appropriately channel intervention programs. The poor use of protective eye-wears and delay in presentation show that the public need more awareness about the importance protecting the eyes and the need for early intervention should injury occur.

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Severe Anisometropic Myopia in Identical Twins

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Introduction: Myopia has a multifactorial origin with interaction between genetic and environmental factors.^[1] The prevalence of myopia has been

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Table 1: Biometry and refraction results

	Twin 1		Twin 2	
	Right eye	Left eye	Right eye	Left eye
Uncorrected VA				
Distance	2/60	6/18	1/60	6/18
Near	N14	N4.5	N36	N4.5
Corrected VA				
Distance	6/12	6/6	Nil improvement	6/6
Near	N5	N4.5	Nil improvement	N5
Refraction	-6.50-2.00×180	-1.00 DS	-13.75-2.25×180	-0.50-0.50×30
Spherical equivalent (D)	-7.5	-1.00	-14.87	-0.87
Axial length (mm)	28.02	26.05	30.39	25.06
Keratometry (D)	41.60	41.12	41.37	40.42
Corneal curvature (mm)	8.12	8.20	8.16	8.36

increasing over the last few decades with wide racial differences.^[2,3]

Case Report: A pair of 11-year-old identical twin sisters presented with poor distant vision of 1 year duration. There were no associated complaints such as deviation of the eyes or history of prior spectacle use. On ocular examination the anterior segments in both eyes of both girls were normal. Funduscopic examination in the first twin revealed a pink disc with peripapillary chorioretinal atrophy in the right eye and a normal fundus in the left eye. Funduscopy for the second twin revealed a hypoplastic disc with peripapillary chorioretinal atrophy in the right eye while the left fundus was normal. There was no strabismus in either sister, and systemic examination did not reveal features of any genetic defect suggestive of syndromic high myopia. Biometry and refraction results are shown in Table 1.

Discussion: The occurrence of anisometropic myopia in identical twins with degenerative myopia in the same eye and simple myopia in the other suggests an underlying genetic defect in this condition. The genetic basis for the dissimilar growth between eyes in cases of unilateral high myopia has been attributed to the skewed lyonization in females heterozygous for X-linked myopia.^[4] The absence of associated defects in these sisters suggests a non-syndromic high myopia. Refractive correction alone using spectacles was performed for both sisters with undercorrection of the more myopic eye. Contact lenses with occlusion therapy would have been the preferred treatment option in this case but compliance and regular follow-up were identified as likely problems. Regular monitoring of refraction in these sisters is mandatory as the myopia may still progress with an increase in the axial length of the eyes.

Conclusion: High anisometropic myopia may result in severe amblyopia especially when there is an associated abnormality of the eye. This case report is highly suggestive of an underlying genetic defect in its development.

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Perception of Informed Consent in Patients Undergoing Ocular Surgery in a Tertiary Hospital in South-Western Nigeria - A Pilot Study

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Background: Informed consent (IC) is a process of communication

Table 1: perception of patients towards informed consent

	Yes (%)	No (%)
Did you know you had to sign the consent form before surgery?	18 (100)	0
Is consent form a legal document?	10 (55.6)	8 (44.4)
Do you think preoperative information and signing the consent form is important?	17 (94.4)	1 (5.6)
Was the information/pre-consent counselling adequate?	17 (94.4)	1 (5.6)
Does it protect the surgeon from litigation?	13 (72.2)	5 (27.8)

Table 2: Type of information expected during pre-consent counselling

	Yes (%)	No (%)	Don't know (%)
Reason for operation	18 (100)	-	-
Nature of illness	17 (94.4)	1 (5.6)	-
Cost implication	17 (94.4)	1 (5.6)	-
Duration of stay in hospital	17 (94.4)	1 (5.6)	-
Expected outcome	16 (88.9)	2 (11.1)	-
Approximate duration of sick off	15 (83.3)	3 (16.7)	-
Who is doing the surgery	12 (66.7)	4 (22.2)	2 (11.1)
Technical details of the surgery	11 (61.1)	5 (27.8)	2 (11.1)
Important complications	5 (27.8)	13 (72.2)	-

between a surgeon/physician and the patient that results in an agreement to undergo a medical intervention. It must be comprehensive to have legal relevance.^[1-3] Evidence available in literature has shown various perceptions of the IC process by patients.^[4-7] In our environment, there is paucity of information in literature on the perceptions of patients undergoing ocular surgery towards IC process, hence the need for this study.

Aim: To assess the perception of adults undergoing ocular surgery towards IC in a tertiary hospital in South-Western Nigeria.

Methodology: A descriptive cross-sectional study conducted among pre-operative patients of the eye department in UCH Ibadan in June 2014. Consecutive adults admitted to the ward for elective ocular surgery were interviewed with a structured questionnaire a day before the scheduled surgery after they had signed a written IC for surgery. Information collected included socio-demographic data, and respondents' knowledge and perception about the IC process. Data were analyzed with Statistical Package for Social Science version 21

Results: Eighteen patients were interviewed, nine (50%) were males (M: F 1:1). The mean age was 57.8 (±18) years with a range of 21–83 years, most reside in urban areas 14 (77.8%) with 4 (22.2%) in rural area. About 13 (72%) had secondary education and above, while 3 (16.7%) had no formal education. Majority 12 (66.7%) were scheduled for cataract surgery, 4 (22.2%) for retina and 2 (11.1%) for

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glaucoma surgery.

Discussion: In this study, all the patients considered consent as important and a necessary process before ocular surgery. However, almost half of the patients did not know the legal implication, this was better than 84% observed in Nepal study,^[4] this disparity could be due to higher literacy level of participants in this study. It may also account for the low level of medical litigation and malpractice suits in our environment. Virtually all of the respondents thought the consent process and preoperative information was adequate. It is noteworthy that most patients were not interested in knowing about complications but rather in outcome of the surgery as similarly found in other studies.^[4,5] This could be related to superstitious tendency and belief of avoiding negative confessions entrenched in our culture. Expectedly, majority wanted to know more about cost implication, reason for operation, duration of hospital stay but only about two thirds wanted to know the technical details and the name of the surgeon.

Conclusion/Recommendation: Awareness of the need to give consent for ocular surgery was high in this group of patients. There may be need to further educate patients on legal relevance of IC and provide additional information to make it more comprehensive. We recommend widespread use of a specialized ophthalmic surgical IC form that would itemize all important information. However, there is a need for more research on this topic.

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