

Entre os agentes anestésicos investigados previamente, thio pentano<sup>4</sup>, eter<sup>4</sup>, ciclopropano<sup>4</sup>, halotano<sup>5</sup>, clorofórmiio, metoxiflurano<sup>6</sup> e neuroleptoanestesia<sup>6</sup> mostraram-se redutores da PIO. Por outro lado, agentes como Ketamina<sup>7</sup> e trilene<sup>8</sup> aumentam a PIO.

## CONCLUSÃO

O Etomidate, um novo agente indutor, do ponto de vista oftalmológico é eficiente na redução da pressão intra-ocular, sendo, assim, de grande utilidade na oftalmologia cirúrgica diária pois em patologias cirúrgicas como perfuração ocular, catarata e glaucoma é desejável a hipotensão ocular.

Também no campo da anestesia o Etomidate mostrou ser uma droga segura, apresentando estabilidade dos sistemas respiratório e cardiovascular.

## RESUMO

Etomidate, um novo hipnótico não-barbitúrico de curta ação, foi administrado para 41 pacientes na faixa etária de 18 a 77 anos. A pressão intra-ocular foi medida antes e após a injeção de Etomidate usando um tonômetro de aplanção (Perkins). Uma redução significativa da PIO foi observada mostrando que o Etomidate é uma nova opção para procedimentos cirúrgicos oftálmicos.

## SUMMARY

Etomidate, a new short-acting non-barbiturate hypnotic, was administered to 41 patients between the ages of 18 and 77 years. Intra-ocular pressure was measured before and after etomidate injection using an aplanation tonometer (Perkins). A significant reduction of intra-ocular pressure was observed, showing that Etomidate is a new option for ophtalmic surgeries.

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# Transorbital foreign body without ocular injury

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According to current literature, injuries to the eyeball or to the orbitary walls caused by wooden foreign bodies in the intraorbital region are rarely observed.

Cases of foreign bodies causing injuries to orbitary walls are scarcely reported and cases of injuries of both orbits by the same agent without ocular trauma, are exceptionally found.

Case Report: A five year old boy was first seen by us in August 8th, 1979, because his father had struck him in the face with a stick twenty-four hours previously. Examination revealed bilateral oedema of eyelids, tumefaction that precluded palpebral opening, and a small palpable mass of a woody

consistency located in the medial and inferior angle of the left orbit.

Conventional x-rays and tomography suggested only a medial wall fracture of the left orbit. Injuries to the right orbit were not observed.

The patient was treated with antibiotics and corticoids in order to reduce palpebral oedema. Antitetanic toxin was provided.

In August 26th, with the patient under anaesthesia, exploration of the left orbit was carried on. The eyeball was displaced upwards and outwards, and inwards as well from the inferior bulbar conjunctive and the palpebral junction. A protruding wooden foreign body measuring approximately 5 X

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1.5 X 0.5 cm was found and carefully removed (Figs. 1 and 2).

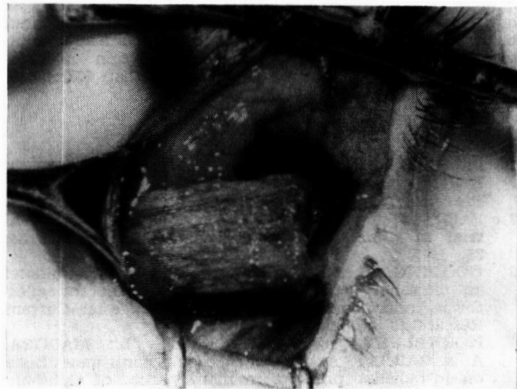


Fig. 1 — Appearance of wooden foreign body in the internal canthus.

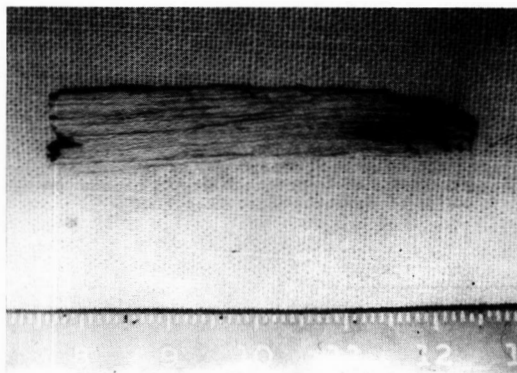


Fig. 2 — Wooden foreign body extracted and its dimensions.

The opening left was explored with a blunt instrument because we suspected a communication between both orbits through the nasal cavities. Intra-operative x-rays were taken, and the presence of a transorbital duct was confirmed. The bulbar conjunctive was then repaired, previously assessing the total integrity of the eyeball and all extraocular muscles. The postoperative course was uneventful and no complications were found at follow-up.

## DISCUSSION

We were not able to find a similar case on revision of the scarce bibliography on the subject. Our case leads us to insist upon the necessity of a through exploration of the ocular structures in ocular trauma, especially when radiological findings do not correlate with the amount and importance of soft tissue damage in the injured region<sup>1,2</sup>. This is also true whenever large oedema that would not recede promptly is present. In those cases, one must suspect the presence of minimal, radiologically silent skeletal lesions<sup>3</sup>. Therefore it is not difficult to appreciate the particular significance of these findings in children, because the aggressive agent (reed, wood) may be a radiolucent and fragile one. One must also bear in mind the importance of the familiar environment which might tend to produce a "battered child syndrome". This being the case, doctors always receive few or none information.

The case exhibits some other interesting characteristics: following the blow, a fragment of the stick entered through the conjunctive at the level of the medial semilunar fold of the left eye, passed through the orbital fatty tissue, perforated both lateral masses of the ethmoid bone and the nasal septum, and was introduced through the right orbit in the medial aspect of its internal wall. It did not cause any injury of the eyeballs, lachrymal ducts, or other noble structures.

## SUMMARY

The case of a patient who sustained a transorbital wound due to a wooden foreign body is presented. In spite of its dimensions and trajectory, the foreign body did not injure any orbital noble structure. Only by exploration under anesthesia was it possible to determine its presence. Treatment consisted on removal of the foreign body and repair of the bulbar conjunctive.

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