



MEMORIAL INSTITUTE FOR
OPHTHALMIC RESEARCH
MIOR 2019



Case presentation
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Welcome First MIOR Conference



Our case:

- female child
- 9yrs old
- History of tumor one year ago (cerebello-pontine angle tumor) with surgical excision and radiotherapy
- C/O inward deviation and seeking for surgical correction.
- No glasses

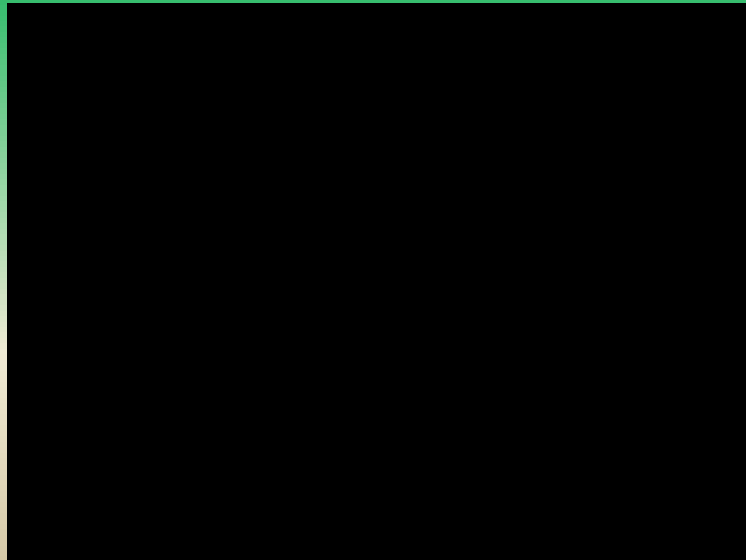
•Examination

- VA 6/12 6/18
- ET 70 PD.
- PUPIL RRR
- EOM

0	H	0	0	H	0
-5	H	0	0	H	-1
0	H	0	0	H	0

Bil 6th n palsy
RT>LT

EOM

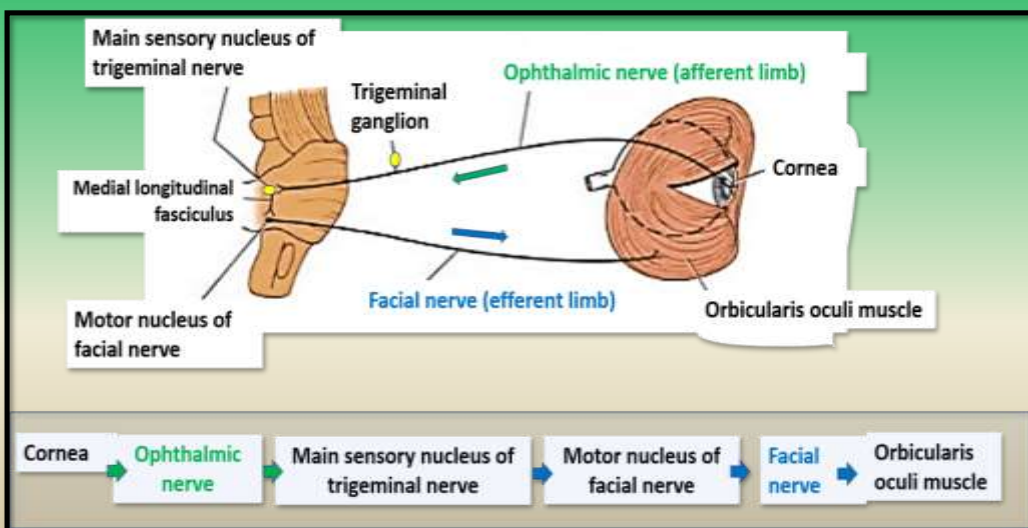


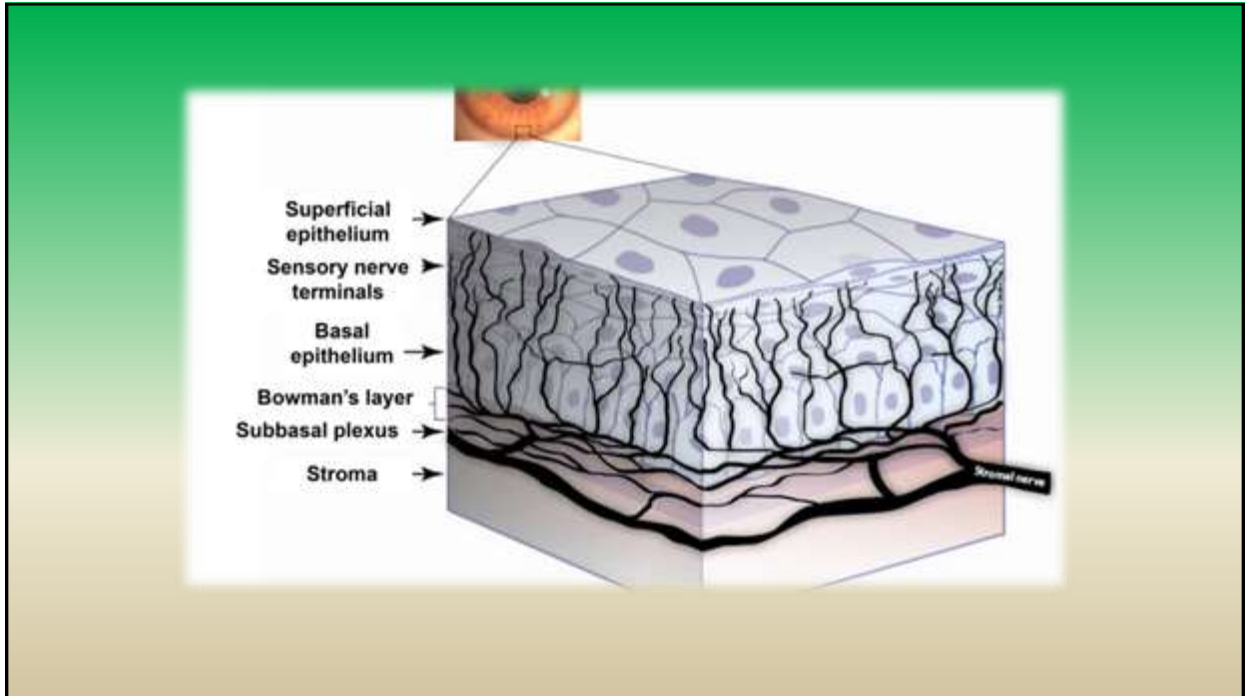
After completion of examination....

We changed up our mind regarding
the surgery.....

Why????????

Pathway of corneal reflex

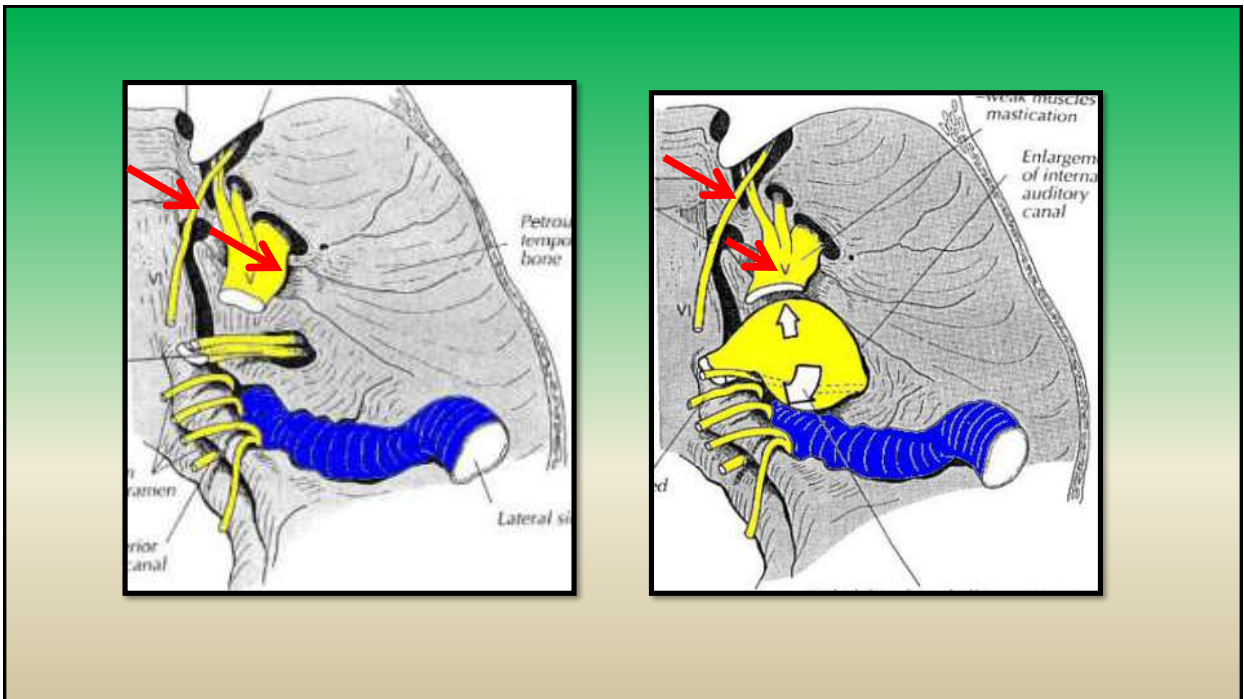
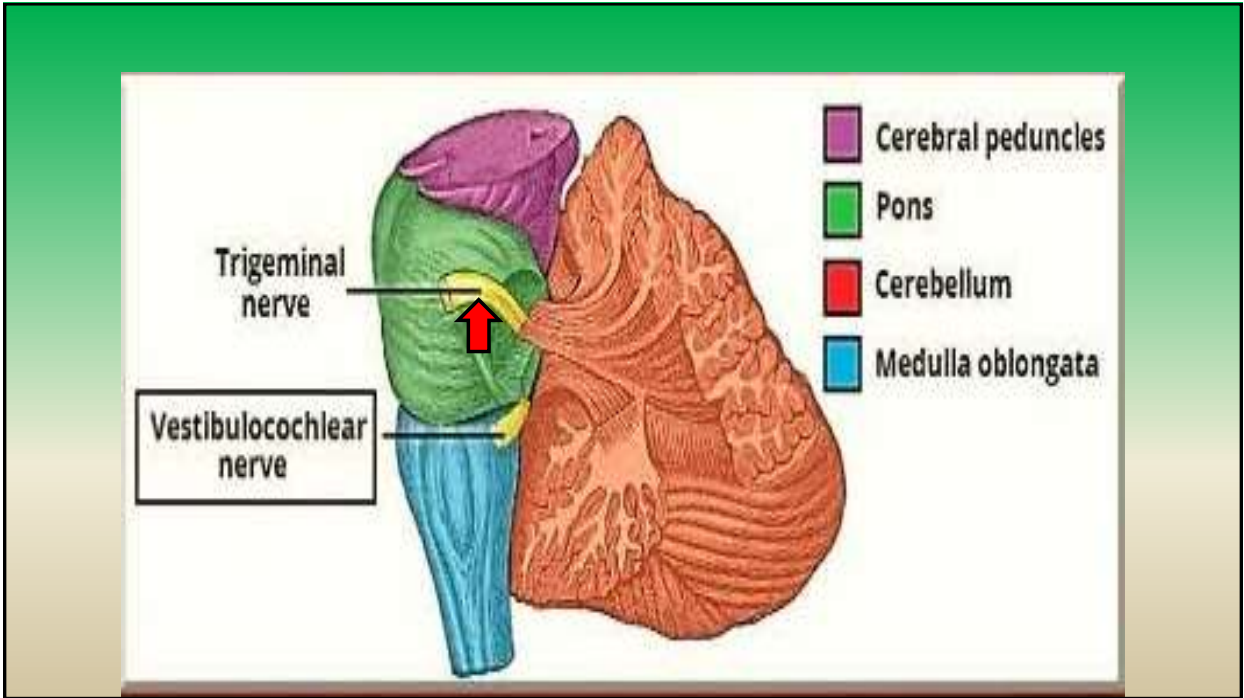




•Cornea is 300 to 600 times more sensitive than skin

•**Importance of corneal sensation:**

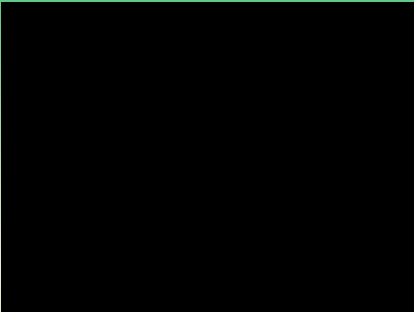
1. **Any stimulus** → stimulate the blinking reflex and tear film production
2. Trigeminal nerve release → numerous of trophic substances
Epithelial integrity, wound healing
3. **Sensory denervation** → neurotrophic keratopathy and corneal ulcer.

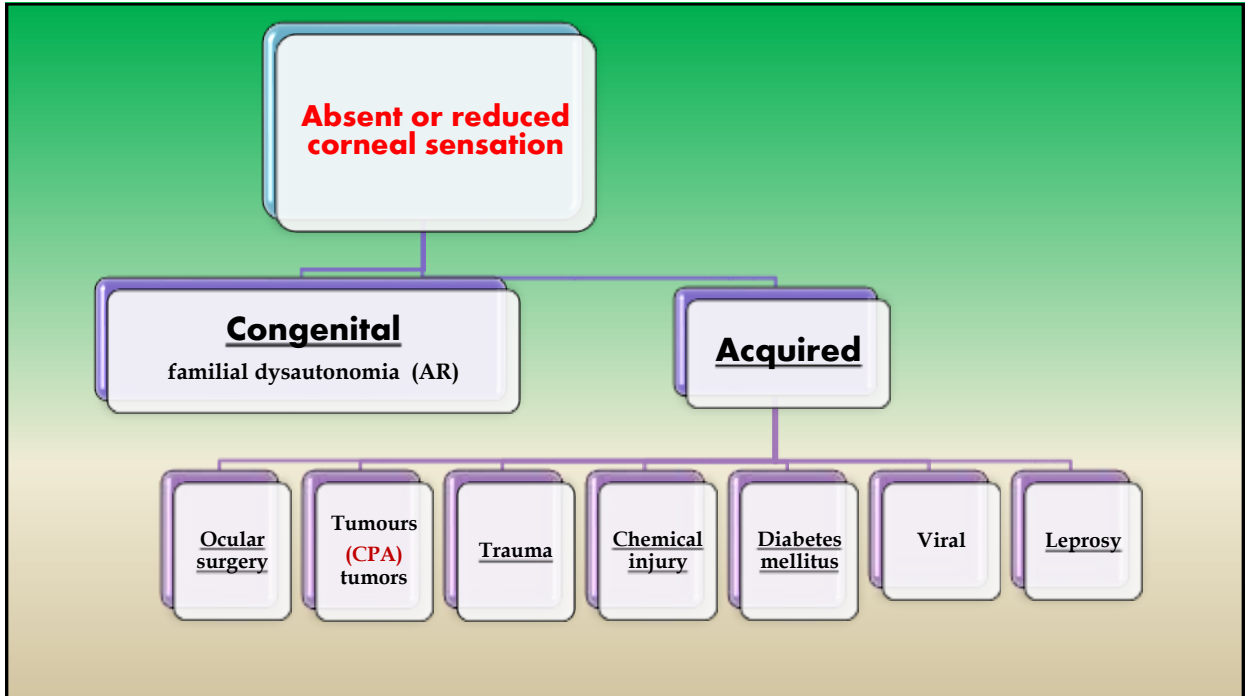


Back to our case

The last and the most important examination in this case before surgical decision is.....

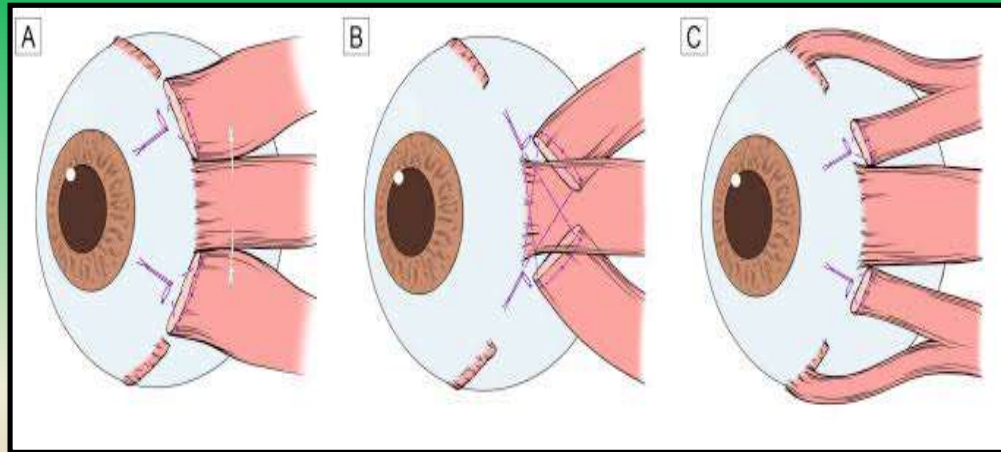
Corneal sensation





**We aborted the surgery
Otherwise...**





Hummelsheim procedure

Review of literature

British Journal of
Ophthalmology

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Unilateral corneal anaesthesia and ulceration following squint surgery in a child with Pendred syndrome and bilateral sixth nerve palsy

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We present a 4 year old child with Pendred syndrome and bilateral sixth nerve palsy. To our knowledge this association has not been previously reported. In addition, this patient developed unilateral corneal ulceration with associated corneal anaesthesia following squint surgery. We will discuss the pathophysiology of this unusual complication following squint surgery.

Case report

Go to: [↗](#)

This patient presented when he was 6 months old with right convergent squint. He was diagnosed with

- **4years** old child with **Pendred syndrome**.
- **ET 45 PD**.
- **Bilateral SR and IR lateral transpositions**.
- **Two months later he developed a left inferior corneal ulcer**.
- **Resistant to any ttt except for left inferior lid shortening with a canthal sling**

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CORNEA

Ocular surface changes after strabismus surgery with different incisions

Qian Li · Te Fu · Jun Yang · Qiao-ling Wang ·
Zhong-En Li

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Abstract

Objectives To compare ocular surface changes after strabismus surgery with different incisions.

Methods One hundred and twenty eyes with exotropia were randomly assigned to Group A (limbal incision) or Group B (fornix incision). Dry eye questionnaire, corneal sensitivity,

significant postoperatively ($P=0.045$, 1 week; $P=0.020$, 2 weeks).

Conclusion Compared to fornix incision, limbal incision results in more serious dry eye symptoms and has a greater impact on corneal sensitivity and tear film stability.

Take home message

1. **Corneal sensation is a very important test before any surgical procedure.**
2. **Corneal sensations is very important especially in cases of tumors.**
3. **Whenever you find cranial n. affection you should exclude other cranial n. affection.**
4. **Stick to basics it will protect you.**

Thank You!

