

R1 R2 R3 PG0 PG1 Estagiário Tecnólogo
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Service (sector) Trauma N° CEP

OUTPATIENT MANAGEMENT OF TRAUMATIC HYPHEMA IN CHILDREN: PROSPECTIVE EVALUATION

Karolinne Maia Rocha, Luiz Alberto S. Melo Jr, Elisabeth Nogueira Martins, Nilva Simeren Bueno de Moraes Purpose: To evaluate the clinical evolution of children with traumatic hyphema treated on an outpatient basis. Methods: A prospective cases series. Forty-one children with traumatic hyphema were treated as outpatients for the ocular injury from February 2002 to February 2003. Data regarding initial and final visual acuity, slit-lamp biomicroscopy, hyphema size, fundoscopy, intraocular pressure, rebleeding, clearance time, and medical and surgical intervention were recorded. Results: Thirty-three (80.49%) children were male, and the major cause of traumatic hyphema was domestic tools (26.83%). Twenty-seven patients (65.85%) presented low grades of hyphema. Twenty patients (48.78%) had intra ocular pressure higher than 24 mm Hg. The most common lesions associated to traumatic hyphema were corneal injuries (41.46%). The median final visual acuity was 20/25. Unsatisfactory final visual acuity (worse than 20/30) was statistically associated to ocular posterior segment lesions ($p=0.024$) and magnitude of hyphema ($p=0.019$). The size of hyphema was related to intraocular hypertension ($p=0.005$) and time for clot absorption ($p<0.001$). Eleven patients (26.83%) underwent surgical intervention. Rebleeding occurred in 4 patients (9.75%). Conclusions: Outpatient management is a feasible option for children with hyphema. Associated posterior ocular segment injuries and hyphema of great magnitude were related to the worse final visual acuities.

Key words: Hyphema; Eye injuries, Glaucoma; Visual acuity; Child