

IMAGES IN PAEDIATRICS

Corneal perforation. A rare complication of birth trauma



Perforación de la córnea: una complicación poco común del traumatismo del nacimiento

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Received 20 August 2021; accepted 3 September 2021

Available online 4 April 2024



Figure 1 Perforation of the right cornea with iris prolapse. Facial bruising.

A woman aged 31 years was admitted to the emergency department in active labour after an uncomplicated pregnancy. After forceps and vacuum extraction attempts failed, she underwent an emergency caesarean section.

The Apgar score was 3 at 1 min, 8 at 5 min and 9 at 10 min. The physical examination of the newborn was normal, save for bruises in the face and a lesion in the eye (Fig. 1). At 4 h post birth, the infant was admitted to the neonatal intensive care unit, where examination by an ophthalmologist confirmed perforation of the right cornea associated with iris prolapse and hyphaema. A head CT scan evinced the presence of ocular perforation, a dysmorphic crystalline lens and choroidal detachment (Fig. 2). The infant underwent suturing of the corneal perforation at 7 h post birth, without intraoperative complications (Fig. 3A). The postoperative ultrasound scan of the eye found evidence of vitreous

DOI of original article:

<https://doi.org/10.1016/j.anpede.2021.09.001>

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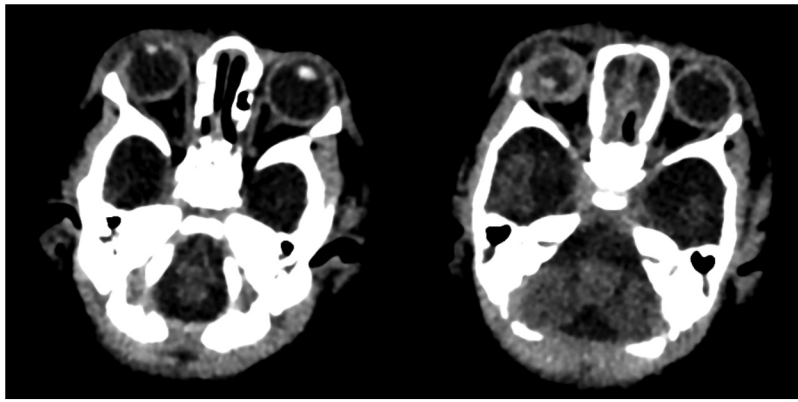


Figure 2 The irregular borders of the right eye associated with the sunken appearance of the globe support the diagnosis of eye perforation. Imaging findings suggestive of crystalline lens rupture and choroidal detachment.

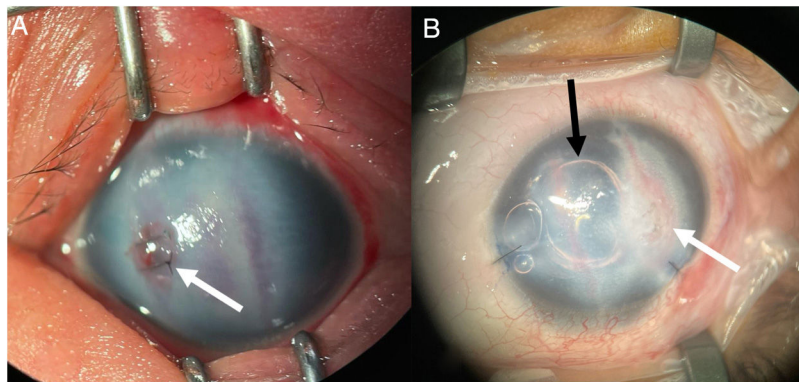


Figure 3 (A) Appearance of the cornea of the right eye after surgery. Visible hyphaema despite the presence of diffuse corneal oedema. The arrow points at the location of the suture in the cornea. (B) After the removal of the lens: increased transparency of the cornea, residual fibrosis secondary to trauma (white arrow) and air bubble in the anterior chamber of the eye at the end of surgery (black arrow).

haemorrhage. Treatment was initiated with intravenous dexamethasone, topical tropicamide, ofloxacin, chloramphenicol and prednisolone. At three weeks, the cornea appeared clearer, the vitreous haemorrhage was reabsorbing and the lens was located in the anterior chamber of the eye. At 2 months, the patient underwent a lensectomy-vitreotomy to resolve the complications of the crystalline lens rupture (Fig. 3B).

Obstetric trauma in instrumental deliveries can give rise to a wide range of lesions. Most ocular lesions are minor.¹ Corneal perforation secondary to obstetric trauma is infrequent and has only been reported in isolated cases.² Corneal perforation usually requires surgical intervention and its outcomes depend on the development of postoperative complications.³ To our knowledge, this is one of the few pub-

lished cases of corneal perforation secondary to obstetric trauma.

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