

Blow-Out Orbital Fracture Reconstructive Surgery Classical Technique

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Abstract: Feminine, 42 years old. Car accident, 1 week after intensive therapy, presented diplopia with severe orbital fracture. Besides right nasal bones fracture with internal canthal ligament section, enophthalmos and low ocular muscles herniation and haemorrhage into right maxilar sinus, Any calvarial bone fracture

Keywords: Blow-out, diplopia, internal canthal section, maxilar sinus haemorrhage colapsus.

1. INTRODUCTION

Car accidents are every day more and more frequent, even traffic signs, and caution risks developed year after years.

In any orbital trauma, frequently by frontal or lateral hit usually by frontal car mirror the orbital bones always protect the eyes, but the sudden intraorbital pressure push the orbital eye to the less strong wall in almost 80% of eyes is over the lower floor than is quite thinner than the rest of the walls, so in more of 50% of these kind of strokes, the lower floor stays broken and need urgent repair, in 2002 Castellani [1] Published a paper for orbital floor repair but we must always remember to J:C:Mutarde for his monumental published book repair and reconstruction in the orbital floor in 1966.

Even calvarial bone besides alloplastic material is available the percentage of failure and sepsis, resorption and reject is elevated comparatively with this magnificent autologous cartilage, by his easily relative procedure to be taken and located into low orbital floor perhaps through the years has proven his utility and quite factibility and secondary nasal septum or costal cartilage.

2. CASE REPORT

This lady was in vacations and cracked with another car and hit the face over the panoramic mirror suffering unconsciousness for 3 days in intensive care some days after recovery and checking any calvarial fractures, besides ophthalmologist carefully examination in order to investigate any neural contusion, and also

intraocular bleeding, or corneal and lenticular lesion that are the protocols to follow up during these kind of trauma happens, being in this case negative. We proceeded to repair the damage under general anesthesia [2]. We took ipsilateral auricular cartilage take, correct the herniation, by infraocular access, drained the haemorrhage, corrected the lateral orbital fracture besides, the internal nasal bones deviation plus internal canthal relocation, allowing to check internal lacrimal purse for a second correction because at checking point any lacrimal dots showed on exploration [3]. Unfortunately the patient was a foreigner tourist and had to back to her country and after several years we have gotten any contact with her or corresponding follow up, but at clinical ended revision, the patient improved of possible tears sac lesion.

Surgical evolution was quite quick and diplopia has disappeared on 3d, post-operative, surgical day, besides, we corrected some bad scars over the nose and cheek sulcus [4]. It is also possible might need a minimum scar revision.

It's important to cover in whole trans and post-operative time the eye with not metallic eye protector, with gel to avoid corneal dryness [5].

3. DISCUSSION

The early post-operative results are shown here 21 days after surgery and she is going to need revision of tears purse by possible trauma, might be corrected with a dacryocystorhynchostomy in another near future [6].

CONCLUSIONS

The technique was as described in many papers, the entry was by subconjunctival lower access, the

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general anesthesia allows us to check and move patient, situations and results quite important to cover

constantly during the whole procedure the eye globe for dehydration avoiding corneal damage.



Figure 1: Normal x ray of facial bones shows us a low and lateral right orbital walls with herniation of low eye capsulae, enophthalmos besides right nasal bones collapse.



Figure 2: Preoperative frontal sight of the patient.

4. RESULTS

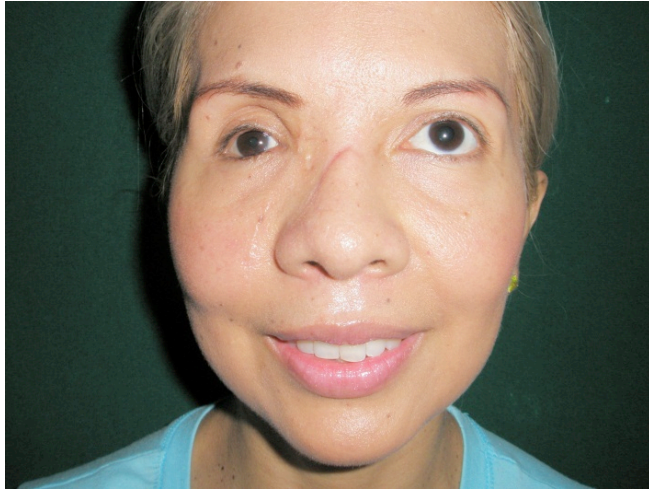


Figure 3: Postoperative frontal sight 3 weeks after surgery with ipsilateral auricular cartilage over low orbital floor and some Facials scars corrections.

REFERENCES

- [1] Castellani A and Negrini Treatment of orbital floor blowout fractures UIT conchal auricular cartilage graft: A report on 14 cases. *J Oral Maxilofac Surg* 2002; 60: 1413-7. <https://doi.org/10.1053/joms.2002.36094>
- [2] Navarro Ceballos and Manzano Eduardo. Bursting right eye and Total Lost with blowout Fracture in a Child. *J Ocular Diseases and Therapeutics* 2015; 3: 000-000. Seavy Science Publisher.
- [3] Mustarde JC. Repair and Reconstruction in the Orbital Region. Second edition Churchill Livingstone Edinburgh, London and New York 1980
- [4] Lang W. Traumatic enophtalmos with retention of perfect acuity of vision. *Trans OphthalmolSoc UK* 1889; 9: 41-5.
- [5] Pearl R. Treatment of enophtalmos. *Clin Plast Surg* 1992; 19: 342-51.
- [6] Kraus M and Gatot A. Repair of traumatic inferior orbital floor defects UIT nasoseptal cartilage. *J Oral Maxilofacial Surg* 2001; 59: 1397-400. <https://doi.org/10.1053/joms.2001.28265>
- [7] Kruschewsky L des, Novais T, Daltro C, et al. Fractured orbital wall reconstruction with an auricular cartilage graft or absorbable polyacid copolymer. *J Craniofacial Surg* 2011; 22: 1256-1259. <https://doi.org/10.1097/SCS.0b013e31821c6a77>

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