

## AN EFFECTIVE THERAPY FOR TRAUMATIC HYPHEMA IN ARABIAN FILLY

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An Arabian filly of about 2.5 years old was referred to the clinic of Race and Equestrian Club in Doha, Qatar, Gulf State with a history of corneal pigmentation and loss of vision of the left eye following an accidental trauma.

### Clinical Examination:

The filly was showing restlessness, and hypersensitivity. Therefore thorough examination was possible after tranquillization with acepromazine. The affected eye was avisional and showed blepharospasm and epiphora. An appreciable amount of blood occupying nearly 2/3 of the anterior chamber and mild corneal opacity were seen.

### Diagnosis:

Left Traumatic HypHEMA.

### Treatment:

The condition is potentially serious as the filly might lose her eye. Therefore immediate complete rest was mandatory and therapy assumed 2 ways.

#### 1. Local: It comprised the following:

- a) Topical application of corticosteroid, dexamethasone sodium phosphate 0.1%, gentamycin 0.3%, scopolamine 0.25% and terramycin eye ointment into the affected eye twice daily.
- b) Subconjunctival (Episcleral) injection of corticosteroid, dexamethasone 0.1% 1ml.
- c) Eye bandage and complete restraint of the filly in standing position by securing her head by a

robe fixed at the center of the ceiling and the other end of the robe was tied in the head collar of the filly.

#### 2. Systemic: It comprised the following:

- a) I. M. injection of glucocorticoid, Synacthen depot (Ciba) one injection every 3 days.
- b) Antibiotic Neopen (intervet) for 10 days.
- c) Acetazolamide, Diamox (Lederle) 5gm daily in the food. The above program of treatment was continued for 4 weeks.

### RESULTS AND DISCUSSION:

Having used the above program of therapy, marked improvement was shown after the first 3 days of treatment manifested by obvious reduction of blepharospasm, tenderness and restlessness. The next subsequent days of treatment showed progressive and sustained improvement since the amount of the imprisoned blood in the anterior chamber showed gradual decrease. The visual capacity was markedly restored. By the end of nearly 4 weeks of treatment, the affected eye regained normality except a small localized scar at 8 o'clock mark of sclerocorneal junction denoting the seat of original trauma.

The success of management of the above case was attributed to two main factors. Primarily, complete rest of the patient, restraint of the head to minimize shaking of the head and rubbing of the affected eye and bandaging using eye pads were very important. Here it should be noted that shaking of the head and activity of the patient aggravate the condition and promote recurrent bleeding. Secondly, using of specific