

Long Standing Orbital Floor Fracture Repair: Case Report

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Abstract : A 36 years old male patient presented to our unit with a history of motor-car accident from 7 months complaining of disfigurement and double vision. On examination and investigations, there was an orbital floor fracture in the left eye with inferior rectus muscle entrapment causing diplopia, dystopia and enophthalmos. Under general anesthesia, a sub-ciliary incision was performed, and the orbital floor fracture was repaired with a double layer Medpor sheet (30x50x15) with removing and freeing fibrosis that was present and freeing of the inferior rectus muscle. Remarkable improvement of the dystopia was noticed, however, there was a residual diplopia in upgaze and enophthalmos. He was then referred to a strabismologist, which upon examination found left hypotropia of 8 ΔD corrected by 8 ΔD base up prism and positive forced duction test on elevation and pseudoptosis. Under local anesthesia, a limbal incision approach with hangback 4mm recession of inferior rectus muscle was performed after identifying an inferior rectus muscle structure. Improvement was noted shortly postoperative with correction of both diplopia and pseudoptosis. Follow up after 1, 4 and 8 months was done showing a stable condition. Delayed surgery in cases of orbital floor fracture may still hold good results provided proper assessment of the case with management of each sign separately.

Keywords : diplopia, dystopia, late surgery, orbital floor fracture

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