



Original article

Epidemiological, clinical and therapeutic aspects of pediatric eye trauma  
at the Sominé Dolo hospital in Mopti

Aspects épidémiologiques, cliniques et thérapeutiques des traumatismes oculaires pédiatriques  
à l'hôpital Sominé Dolo de Mopti

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Résumé

Introduction : Les traumatismes oculaires constituent l'ensemble des conséquences morbides sur le globe oculaire des lésions produites par une violence externe. Il se produirait dans le monde 55 millions de traumatismes oculaires sévères par an et touchent essentiellement des sujets jeunes.

Méthodologie : Il s'agissait d'une étude hospitalière, descriptive, prospective et longitudinale. Elle s'est déroulée sur 20 mois. Toute consultation donnait lieu à une hypothèse diagnostique qui est confirmée par un faisceau d'argument cliniques et au besoin d'examen complémentaires.

Résultats : la fréquence était de 39,4 % de l'ensemble des traumatismes oculaires. L'âge moyen était de 8,31 ans avec des extrémités de 2 à 15 ans. Le ratio était de 2,70 et la moitié des enfants était des élèves (50,6%). Les circonstances du traumatisme étaient dominées par les accidents de jeu 29,4% et l'agent traumatisant était de nature végétale dans 28,2 %. Il a le plus souvent eu lieu à domicile (49,4%), les lésions

ont été observées sur tous les sites anatomiques et celles du globe oculaire ont représenté 88,2 %. Le traitement médical simple a concerné 63,5 % et les séquelles étaient dominées par la cécité monoculaire 17,6 % (n=15). Discussion : notre fréquence de 39,4% de l'ensemble des traumatismes oculaires est comparable aux données de la littérature. [14,6]. Le sex-ratio de 2,70 est constamment rapportée dans la littérature [2,4-8]. Un retard de consultation est très fréquemment rapporté par les études Africaines. Les traumatismes à globe ouvert étaient prédominant 52,91% par contre d'autres études rapportent une prédominance des traumatismes à globe fermé 73,6%, 73,9%, et 78,1% [18,19,22].

Conclusion : La prévention des traumatismes oculaires passe par une sensibilisation des parent et le port des matériels de protection.

Mots-clés : Traumatisme oculaire, enfant, Hôpital Sominé Dolo.

## Abstract

**Introduction:** Ocular trauma constitutes the set of morbid consequences on the eyeball of lesions produced by external violence. It is estimated that 55 million severe eye traumas occur worldwide each year, mainly affecting young people.

**Methodology:** This was a hospital study, descriptive, prospective and longitudinal. It took place over 20 months. Any consultation gave rise to a diagnostic hypothesis which is confirmed by a set of clinical arguments and the need for additional examinations.

**Results:** the frequency was 39.4% of all ocular traumas. The mean age was 8.31 years with extremities ranging from 2 to 15 years. The ratio was 2.70 and half of the children were students (50.6%). The circumstances of the trauma were dominated by gaming accidents in 29.4% and the traumatic agent was plant in nature in 28.2%. It most often occurred at home (49.4%), lesions were observed at all anatomical sites and those of the eyeball accounted for 88.2%. 63.5% of patients were treated with simple medical treatment and sequelae were dominated by monocular blindness (17.6% (n=15)).

**Discussion:** our frequency of 39.4% of all ocular traumas is comparable to the data in the literature. [14,6]. The sex ratio of 2.70 is consistently reported in the literature [2,4–8]. A delay in consultation is very frequently reported by African studies. Open-globe trauma was predominant at 52.91%, however other studies report a predominance of closed-globe trauma at 73.6%, 73.9%, and 78.1% [18,19,22].

**Conclusion:** The prevention of eye trauma involves raising awareness among parents and wearing protective equipment.

**Keywords:** Eye trauma, child, Sominé Dolo Hospital.

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## Introduction

Ocular trauma is the set of morbid consequences on the eyeball of lesions produced by external violence. Although not life-threatening, traumatic eyeball injuries are a significant cause of morbidity, disability

and societal cost. Ocular trauma mainly affects young subjects in full activity, preferably men and children. Eye trauma in children differs from that of adults in particular characteristics that can complicate management and prognosis. [1,2]. The particularities of the infantile ocular anatomy characterized by corneal fragility, the fineness and elasticity of the anterior crystalloid, the coherence of the vitreous gel and the solidarity of the vitreoretinal adhesions account for cases of per- and postoperative problems specific to the pediatric field [3]. Thus, they are responsible for a third of the causes of blindness in children aged 0 to 10 years, either through the decay of intraocular structures directly linked to trauma, or through the amblyopia it causes [1]. The difficulties of eye examination in young children sometimes require the use of an exploration under general anesthesia for a more precise assessment, which contributes to the complexity of the management [1,2]. Studies on childhood eye trauma have been carried out throughout Africa, particularly in Mali. To date, no investigation into the etiologies and frequency of ocular trauma in children has been undertaken in the Mopti region.

The aim of this study is to determine the frequency of eye trauma, to identify the main causes and their impact on the child's visual future in terms of blindness and visual impairment.

## Methodology

This was a hospital-based, descriptive, prospective, longitudinal study. It took place from January 1, 2020 to August 31, 2022, a period of 32 months in the ophthalmology department of the Sominé Dolo Hospital in Mopti. Ophthalmological emergencies are welcomed every working day from 7 a.m. to 5 p.m., on public holidays and off-duty hours, an on-call team was available to receive emergencies. We included all patients seen in ophthalmological consultations with ocular trauma and aged 0 to 15 years at the date of consultation during the study period. Patients seen in consultation with or without ocular trauma whose age is greater than 15 years and children aged 0 to 15 years

without ocular trauma were excluded. After careful questioning of relatives and/or entourage and abundant and prolonged eye washing for chemical burns, the patients were given as complete an ophthalmological examination as possible according to their general condition and if necessary under general anesthesia. Any consultation gave rise to a diagnostic hypothesis which is confirmed by a set of clinical arguments and the need for additional examinations. After the first consultation, patients may or may not be seen again depending on the severity of the disease. Mechanical eye trauma has been broken down according to Birmingham eye trauma terminology. Chemical eye burns were distributed according to Dua's classification. The functional prognosis was improved by the better corrected visual acuity of the affected eye, measured at the end of the treatment. Visual acuity has been distributed according to the World Health Organization's classification, namely: good visual acuity (visual acuity greater than 3/10), medium visual impairment (visual acuity less than 3/10 and greater than or equal to 1/10), severe visual impairment (visual acuity less than 1/10 and greater than or equal to 1/20), blindness (visual acuity less than 1/20). In children of preverbal age, visual acuity was assessed by continuation and fixation because of the inadequacy of the technical platform.

The variables analysed were: age, sex, occupation, circumstances of occurrence, traumatic agent, time to consultation, ophthalmological examination data and management. The data entry was done by the World software and the data analysis was carried out with the Epi Info 7.1.3.3 software.

## Results

From January 1, 2018 to August 31, 2019, 7375 patients consulted in our department for ophthalmological pathology, including 216 cases of ocular trauma, i.e. a frequency of 2.93%. We had collected 85 cases of pediatric ocular trauma, including 5 bilateral cases, i.e. 90 eyes, out of the total of 216 cases of trauma seen in our department, i.e. a frequency of 39.4% of

all ocular traumas. The mean age was 8.31 years with extremities from 2 to 15 years old and all age groups were almost identical in the representation with a slight predominance of 6-10 years old (35.3%). Sixty-two boys and 23 girls, i.e. a ratio of 2.70 in favour of boys. Half of the children were students (50.6%) and sixty-two percent of them resided in the city of Sévaré. The mean time to consultation after ocular trauma was three days with extremes of one hour to 60 days. Only 3.75% (n=3) were examined within six hours after trauma and 47.05 (n=40) within 24 hours. The circumstances of the trauma were dominated by childhood play accidents in 29.4%, followed by domestic accidents in 18.8% and throwing objects in 13% Table 1. The traumatic agent was of a plant nature in 28.2% of cases, stones in 16.5% and metals in 15.3% figure: 1. The trauma most often took place at home (49.4%), in the street in 21.2% and on the public road in 10.6% of cases. Pain was the children's complaint in 34.1% followed by redness and eyelid edema in 15.3% each. The traumatized eye was the right in 48.2%, the left in 45.9% and bilateral in 5.6%. Visual acuity was less than 1/10 in 21 patients, i.e. 24.7% at the initial examination, and was not possible in 36 patients (42.4%). The lesions were observed at all anatomical sites. Some eyes showed lesions at several anatomical sites at once. Adnexa lesions were most frequently eyelid edema in 32.9%, followed by conjunctival hyperemia in 30.2% and palpebral wounds in 6 cases (7.1%) including 2 sections of the lacrimal duct. Lesions of the eyeball accounted for 88.2% and were often very severe. Mechanical trauma was observed in 81.2% of the patients and, according to Birmingham terminology, we have 24 cases (28.2%) of closed-globe trauma dominated by ocular hypertonia (10 cases) and 45 cases (52.9%) of open-globe trauma. Table 3 shows the different lesions of the globe in cases of open-globe trauma. We recorded 3 cases of thermal burn and 3 cases of chemical burns of the eyeball, including one case of grade I and two cases of grade II according to the Dua classification. Fifty-four children received simple medical treatment (63.5%), and surgical treatment

involved 26 children, including 15 cases of exploration with trimming, 6 cases of phacophagy, 4 cases of foreign body extraction and one case of evisceration. After management, visual acuity was greater than 3/10 in 41 patients, between 1/10 and 3/10 in 5 patients, less than 1/10 in 13 patients and remained impossible in 26 children. Sequelae were dominated by monocular blindness in 17.6% (n=15).

Table I: Distribution of patients according to circumstances of occurrence of the trauma

Age	Circumstances of the occurrence of the trauma								
	A. Gambling	A. Work	A servant	Aggression	AVP	Do-it-yourself	A. Jet	War trauma	Brawl
0 - 5	9 (10,6%)	0 (0%)	11 (13%)	3 (3,5%)	1 (1,2%)	0 (0%)	2 (2,4%)	0 (0%)	0 (0%)
6 - 10	9 (10,6%)	0 (0%)	4 (4,7%)	3 (3,5%)	5 (5,9%)	0 (0%)	9 (10,6%)	0 (0%)	1 (1,2%)
11 - 15	7 (8,2%)	4 (4,7%)	1 (1,2%)	7 (8,2%)	3 (3,5%)	2 (2,4%)	4 (4,7%)	1 (1,2%)	2 (2,4%)
Total	25 (29,4%)	4 (4,7%)	16 (18,8%)	13 (15,3%)	9 (10,6%)	2 (2,4%)	15 (13%)	1 (1,2%)	3 (3,5%)

Table II: Distribution of patients by place of occurrence of the trauma

Age	Place of Trauma						Total
	Fields	Road	House	School	Street	Work	
0 - 5	0 (0%)	1 (1,2%)	22 (25,9%)	0 (0%)	3 (3,5%)	0 (0%)	26 (30,6%)
6 - 10	0 (0%)	5 (5,9%)	13 (15,3%)	3 (3,5%)	9 (10,6%)	0 (0%)	30 (35,3%)
11 - 15	5 (5,9%)	3 (3,5%)	7 (8,2%)	6 (7,1%)	6 (7,1%)	2 (2,4%)	29 (34,1%)
Total	5 (5,9%)	9 (10,6%)	42 (49,4%)	9 (10,6%)	18 (21,2%)	2 (2,4%)	85 (100%)

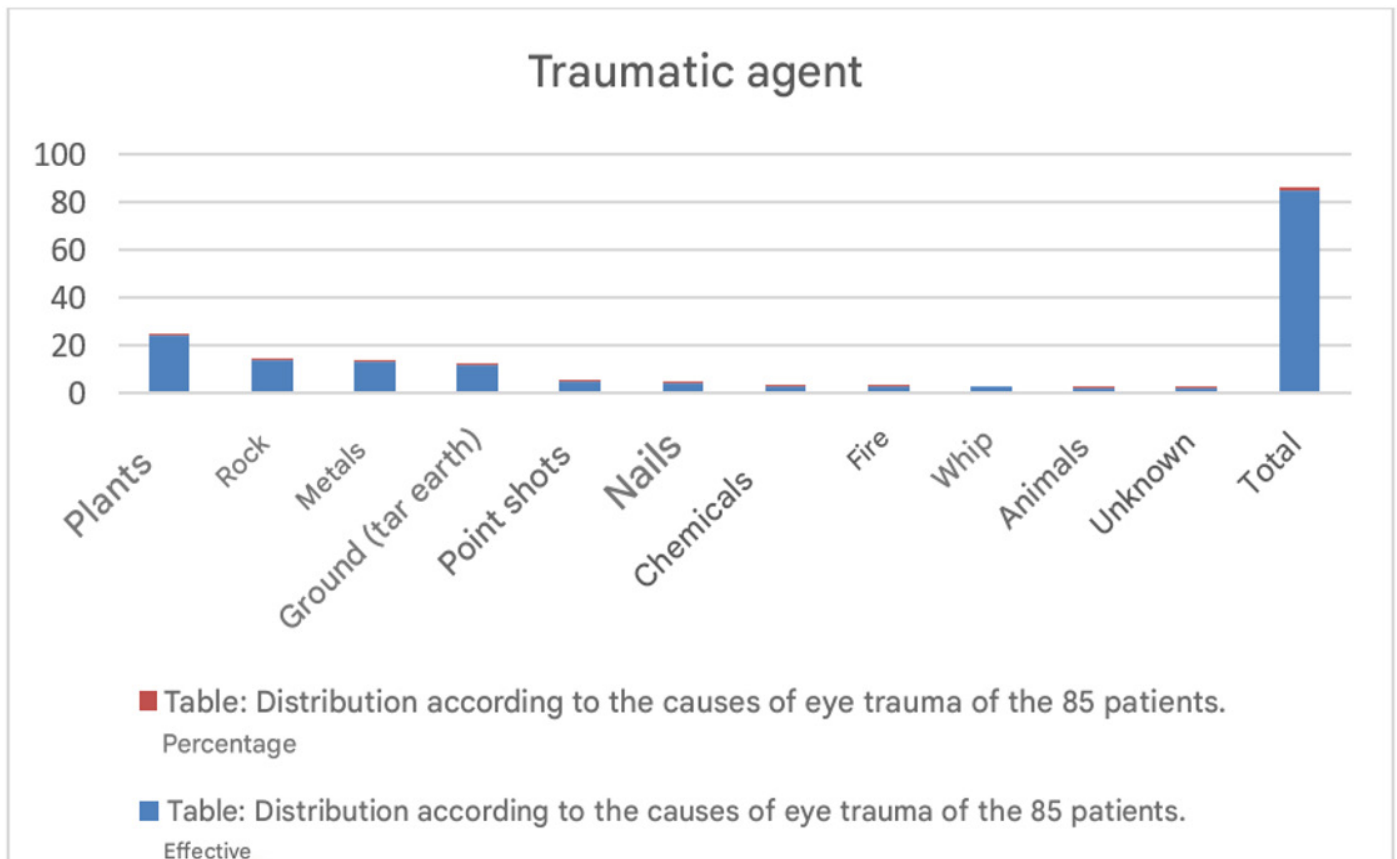


Figure 1: Distribution of patients according to the nature of the traumatic agent

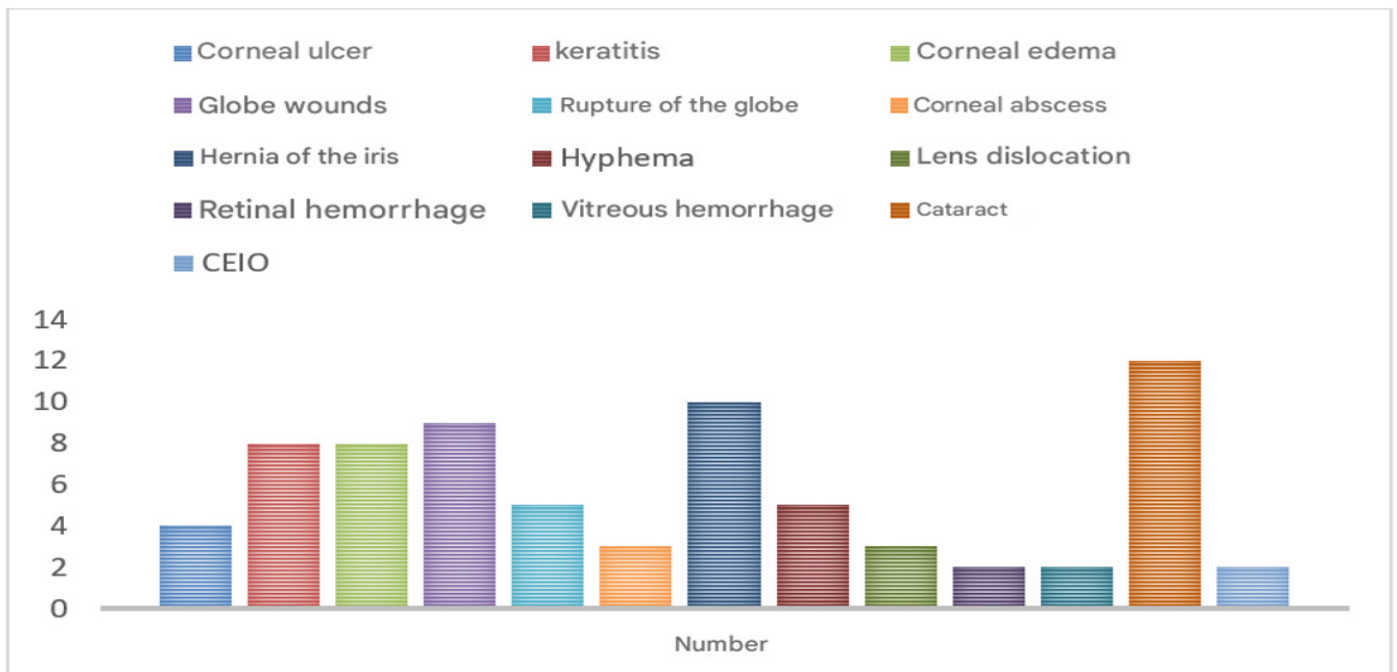


Figure 2: Distribution of patients according to the nature of the anatomical lesions

## Discussion

### Epidemiological characteristics of ocular trauma

Eye trauma is a major and preventable cause of blindness in adults but especially in children [2, 4, 6, 8-10, 11-13]. Several studies have been done on children's eye trauma in the literature [4, 5, 8-10, 13]. In our series, childhood eye trauma accounted for 39.4% of all eye trauma. This frequency of pediatric eye trauma compared to all patients who consulted for eye trauma during our study period is comparable to the data in the literature. In Abidjan, Annoux et al., [14], a frequency of 31%, and Lam and N'diaye, in Dakar [6], reported a frequency of 38.5%, including adults. The sex ratio was 2.70 in favour of boys. This confirms the predominance of men constantly reported in the literature on ocular traumatology [2,4-8]. This could be explained by the aggressive behavior of the boys and their preference for brutal and dangerous games. The majority of children (65.12%) were in the age group of zero to 10 years. This result is comparable to data from the literature [3, 5]. From the age of five, the child gradually becomes autonomous and most often escapes parental supervision. In our series, eye trauma most often occurred at home in almost half of the cases, followed by the street 21.2% and school 10.6%. This result corroborates the data in the literature [3,15-18]. Although these places are the places where young people spend more than two-thirds of their time, this also very often reflects the existence of potential dangers in the home, often unknown or neglected, hence the need to inform parents about the prevention of domestic accidents. The predominance of child gambling accidents (29.4%) among the circumstances of occurrence, followed by domestic accidents (18.8%) and child abuse (13%) especially among those under ten years of age is consistent. Our results corroborate the data in the literature. In the series by Dautetien et al.[19], the circumstances of occurrence were largely dominated by gambling accidents (41%), followed by domestic accidents (15.6%) and child brawls (11.9%). The role of gaming accidents in childhood eye trauma is confirmed by

Rossaza et al.[20] and Gout [21] in industrialized countries. At this age, children begin to flourish. They imitate adults and take a lot of risks by practicing dangerous eyes. The abuses regularly described in African studies, responsible for eye trauma, are said to be consequences of traditional African methods of education which consider physical repression as a means of education. We found a predominance of trauma by plant foreign bodies 28.2%, followed by stone blows 16.5% and metals 15.3%. Generally, the causes of eye trauma vary between studies and regions. Some studies report a majority of eye trauma due to falls [8, 22].

### Anatomical and clinical features

Consultation time is a variable that is rarely or not analysed at all in studies from Western countries [18, 23, 24], but it is almost always analysed in studies from developing countries [3, 5, 9, 12, 13]. The number of patients examined within six hours of the trauma was only 3.75% (n=3), comparable to that of the Yaya G et al. series in Bangui with 2% [3]. However, 47.% were examined within 24 hours of the trauma in our series. In the series by Cariello et al. in Sao Paulo, and Ahnoux-Zabsonre et al. in Abidjan, the proportion of patients seen within six hours of the trauma was 37% and 10%, respectively [19, 25]. This proportion was 59.25% in the series of Mayouego Kouam J in Île-de-France [18]. Generally, studies carried out in developing countries consistently report a delay in consultation during eye trauma [3, 5, 8, 9, 12, 13,25] which could be justified by various parameters such as:

- The trivialization of ocular trauma by the patient or his parents, especially since children are the most affected, the neglect and/or lack of knowledge of the wearing of safety instruments provided for this purpose and the importance given to indigenous treatments as reported in the series by Menshah et al. in Abidjan [26] with 66% of children who had had a first treatment by traditional healers;
- The distance between specialized centers and rural areas and especially the state of the roads and the frequent occurrence of situations of insecurity

that limit the movement of populations to specific periods of the day, poverty;

- The quality of care and the level of the technical platform, the poor organization of the referral system for patients and the lack of an adequate itinerary for cases of ocular trauma.

Our study reveals a predominance of unilateral ocular trauma consistent with the data in the literature [4, 5, 12, 13,23]. Our rate of 94.44% unilateral involvement and 5.56% bilateral involvement corroborates that of Koki et al. in Cameroon [2] with 90.36% and 9.64% respectively, but lower than the bilateral involvement reported in Heather's series with 37% [27]. The lesions were observed at all anatomical sites, some of whose eyes had lesions at several anatomical sites at the same time. The eyeball was affected in the majority of cases with 88.2%, this frequency of bulbar involvement is reported by some authors Koki et al. in Cameroon and Giraud et al. in Afghanistan [2,20]. On the other hand, Koki G et al. reported in a study in the far north of Cameroon a predominance of eyelid involvement in cases of ocular trauma [28]. Open-globe trauma was predominant in eyeball damage with 52.91%. This result corroborates some authors who have reported a predominance of open-globe trauma [2, 8, 14, 17, 20, 25,26]. Open globe trauma is associated with a poor prognosis due to the high risk of infection and the serious sequelae responsible for severe visual acuity decline and irreversible blindness. On the other hand, the teams of Cariello, Mayouego Kouam and Lee reported a predominance of closed-globe trauma with 73.6%, 73.9% and 78.1% respectively [18, 19,22]. Chemical burns accounted for 3.75%. They were less severe and of low grade (I and II) according to the Dua classification. Koki G et al. reported a similar frequency of 3.9% of chemical eye burns [2]. Epidemiological data show that, generally, chemical eye burns are more frequent and severe in young adults, and most often occur in the context of work-related accidents [29]. We observed 3 cases of thermal burns (3.75%), Lee et al. reported a slightly higher frequency of 13 cases of thermal eye burns (5.70%) in a series of 228 patients [22]. Adnexa lesions were

dominated by eyelid involvement with 32.9% of eyelid edema and six cases of eyelid wounds (7.1%) which were associated with a section of the lacrimal duct in two cases. Koki Gal. found a frequency of 10 cases of eyelid trauma in a series of 24 patients. Yaya G et al. noted a much lower frequency of eyelid involvement with 8.6% [6]. The two cases of tear duct section found in our series remain low compared to the results of Mayouego Kouam et al who report 4 cases in a series where there were 59 cases of eyelid trauma [18]. In our series, 63.5% of our patients received simple medical treatment and about 26% received surgical treatment. This finding is close to that of Poon with 35% [30], lower than the results of Al-Mahdi who reported 52.8% [31] of surgical treatment and well above the results of Mayouego Kouam et al 6.79% [18]. The sequelae were dominated by blindness with a monocular blindness rate of 17.6%. Several African studies report a very poor functional prognosis [3, 17, 25, 26] with rates often exceeding half 55% [26]. In these studies, we have in common a prolonged consultation delay with a delay in initial management and a predominance of open-globe trauma.

## **Conclusion**

Nearly 40% of the patients seen in ophthalmological consultations in our department with ocular trauma were children under 15 years of age. The trauma most often took place in the home, on the street or at school. Gambling accidents were one of the most frequent circumstances and young people aged zero to 10 were the most affected. Open-globe trauma was the most common. Nearly half of the patients were seen on the same day of the trauma but with only three patients within six hours of the trauma. Simple medical care was sufficient in most cases. The sequelae were severe with a high rate of blindness. The frequency of trauma and the high rate of blindness in our study require an emphasis on prevention by raising awareness among parents and the general public through the media and individually through educational discussions. This will reduce the frequency of eye trauma and fight

against this avoidable blindness.

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