

TRAUMATIC DAMAGE TO THE VISUAL ANALYZER WITH DIFFERENT LOCALIZATION OF CRANIO-ORBITAL LESIONS.

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Relevance. One of the most common causes of damage to the visual analyzer at various levels is fractures of the orbit in cranio-orbital lesions (COL), including in combination with traumatic brain injury (TBI). In the structure of traumatic brain injury (TBI), COL accounts for 6-7%, and all types of combined TBI - 34%. Patients need the care of several neurosurgeons, ophthalmologists, otorhinolaryngologists, and maxillofacial surgeons. The consequences of eye injuries are the main cause of disability. Untimely and incorrect treatment of COI can lead to functional disorders of the organ of vision, cosmetic defects and purulent-septic complications.

Purpose of the study. To assess the influence of the localization of cranio-orbital lesions (COL) on the frequency and level of damage to the visual analyzer.

Material and methods. In the emergency neurosurgical department of Fergana branch of the Republican Scientific Center for Emergency Medical Aid (F.B.R.S.C.E.M.A), 115 patients with COL were examined at the age from 18 to 70 years (male - 92, female - 23).

Results and discussion. The main causes of injuries were: road traffic accidents - 46 (40%), domestic trauma 21 (18.2%), a criminal situation 34 (29.5%). Concussion was diagnosed in 51 (44.3%) patients. Brain contusions were found in 50 (43.4%), with a predominant lesion of the frontal lobes - in 35 (30.4%). Epidural, subdural hematomas - in 31 (26.9%) patients. Intracerebral hematomas were detected in 12 (10.4%) patients.

Lesions of the visual analyzer at various levels:

1. Local disorders: penetrating injury of the eyeball 4 (3.4%), hyphema 4 (3.4%), partial and subtotal hemophthalmos - in 4 (3.4%), traumatic retinal detachment - in 4 (3, 4%) patients, extraocular muscle injury 12 (10.4%), orbital soft tissue edema 43 (37.3%), retrobulbar hematoma 38 (33%), emphysema 7 (6%), orbital fracture 43 (37.3 %), hematoma of the optic nerve sheaths - in 1 (0.8%), retrobulbar emphysema - in 7 (6%) cases. , fractures of the walls of the optic nerve canal - in 2 (1.7%) cases, intraorbital displacement of fragments - in 11 (9.5%) cases.
2. Peripheral paralysis of the III, IV, VI cranial nerves 14 (12.1%)
3. Nuclear palsy of the cranial nerves 2 (1.7%)
4. Dysfunction of the cortical and brainstem parts of the brain 2 (1.7%). Among the ophthalmic symptoms, the prevailing ones were: eye dystopia 11 (9.5%), oculomotor disorders 16 (13.9%) and diplopia 14 (12.1%). Unilateral decrease in visual acuity (not less than 0.1) was in 50 (43.4%) of 115 victims, practical blindness (less than 0.01) or blindness - in 6 (5.2%). Destruction of the membranes of the eye was observed in 4 (3.4%) patients. According to the data of spiral computed tomography, fractures of all walls / edges of the orbit were detected in 8 (6.9%) patients, the frontal-orbital complex - in 17 (14.7%), zygomatic-orbital - in 6 (5.2%), the inferior and medial wall of the orbit 12 (10.4%).

Damage to the optic nerve was diagnosed at various localizations of the COL: damage to the optic nerve in the ophthalmic part 8 (6.9%), retrobulbar part 11 (9.5%), inside the canal part 2 (1.7%), central reef part 2 (1, The main methods of neuroimaging in the diagnosis of TON were MSCT (multispiral computed tomography), MSCT was done in 50 (43.4%) patients, for the diagnosis of TON, 21 (18.2%) patients used an ultrasound B-scanner.

Treatment (principles). Currently, there are no effective methods of treating OOT. 100% of all patients underwent conservative therapy, 6 patients received a fracture of the orbital bones with mixing, removal of bone fragments from the wall of the orbit and surgical decompression of the malignant neoplasms.

At discharge with restoration of vision 99 (86%), with improvement in 10 (8.6%), 0 (zero) vision remained in 6 (5.2%) patients.

Conclusions.

Predicting the results of treatment of damage to the optic nerve is possible only when the nature and severity of the disease is established. Cranioorbital damage of severe degree, tear, rupture, detachment of the optic nerve, unfortunately, has a very unfavorable prognosis - from a significant decrease in vision to complete loss of vision and the eye as an organ.