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Sir,

The ocular hazards of egg throwing

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We present three cases of ocular injury sustained as a result of egg throwing. The raw egg can act as a substantial missile, resulting in significant ocular trauma. The ocular dangers of egg throwing need to be highlighted and addressed.

Case reports

Case 1 A 16-year-old female was walking on the sidewalk when a car stopped and an egg was thrown at her left eye. Her vision was 20/80 unaided (UA) and 20/40 pinhole (PH). She had lid ecchymoses, numerous subtarsal foreign bodies and multiple corneal abrasions. She had a dense fibrinous anterior uveitis, which eventually settled on topical steroids and she made a good visual recovery.

Case 2 A 51-year-old pedestrian was struck by an egg thrown from a passing car. On presentation, she was in severe pain and was vomiting. Her visual acuity was perception of light (PL). She had substantial periocular ecchymoses and lacerations with infraorbital anaesthesia. Her cornea had a partial thickness laceration. There was a hyphaema associated with a significant iridodialysis (Figure 1). Her intraocular pressure was elevated at 32 mmHg. A CT of orbits confirmed a fracture of her orbital floor with no muscle entrapment. She was managed conservatively and at 5-month follow-up her BCVA was 20/200. Her intraocular pressure was controlled with topical antiglaucomatous medication.

Case 3 A 15-year-old schoolboy had a raw egg thrown at him in the schoolyard. The egg broke when it struck his left eye. His left visual acuity on presentation to casualty was counting fingers (CF). He had ecchymoses of his lids, subconjunctival haemorrhages and a 5 mm hyphaema. His intraocular pressure was medically controlled and his final visual acuity at 3 months was 20/20 UA.

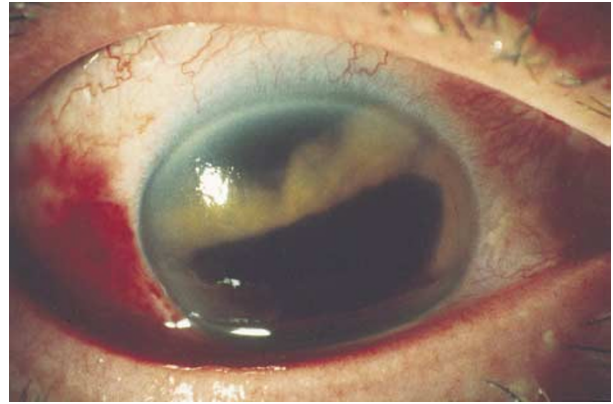


Figure 1

Comment

Assault accounts for 22% of ocular trauma admitted to hospital.¹ The most common cause of ocular injury in children is a thrown missile.² Although raw egg throwing may sound like a minor offence, the ocular and orbital consequences can be severe as described in our case reports.

An egg, like a squash ball, fits into the orbital cavity. Relatively little force is therefore dissipated to the orbital rim, the egg transferring most of its kinetic energy directly to the globe on impact. The result is a severe blunt injury to the eye.

Egg throwing may occur as a random act of violence, but also commonly occurs in the schoolyard on birthdays and holidays. Two of our patients were minors. Egg throwing is a common practice at Halloween, and the public needs to be educated as to the potential ocular dangers of egg throwing.³

References

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Sir,

Penetrating eye injury following a snake attack
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Eye injuries caused by snakes are rare. The mechanism is nearly always a chemical injury from venom, either during extraction of the venom from farmed snakes,¹ or from a jet of venom projected by the snake.^{2,3} There are only two case reports in the literature of a snake bite to the ocular adnexa.^{4,5} While penetrating eye injuries have been reported following bites from other animals,^{6,7} this is the first report of such an injury caused by a snake attack.

Case report

A 24-year-old man presented after being struck on the left side of his face by his pet boa constrictor (*Boa constrictor*). The snake had attacked with its jaws agape and its fangs had become impaled in our patient's eyelids and cheek. Because the boa's teeth are angled backwards into the mouth (Figure 1), it took several minutes to release the snake.

Figure 2 demonstrates the teeth marks from the snake's lower jaw on the left cheek, and the puncture marks from the upper jaw extend over the lower lid margin at the medial canthus. The visual acuity of the left eye was counting fingers, there was extensive subconjunctival haemorrhage, and the anterior chamber was shallow with a seidel positive corneal laceration. Plain X-ray showed a small, radio-opaque foreign body in the left cheek.

Examination under anaesthesia revealed several conjunctival lacerations, and two shelving corneal



Figure 1 Boa constrictor skull demonstrating uniform stiletto-like teeth.



Figure 2 Photograph showing teeth marks. Those from the upper jaw cross the medial canthus onto the globe.

lacerations approximately 4–5 mm long. These were repaired with interrupted 10/0 nylon sutures. There was also a 4 mm track of intrastromal blood extending from a wound at the superior limbus, caused by one of the snake's fangs. Two full thickness scleral perforations were present, 1 and 5 mm behind the superior limbus. These were V-shaped with the apex directed posteriorly, and 1–2 mm in length. There was no loss of intraocular contents and the lacerations were closed with 7/0 vicryl. There was no injury to the lens and fundal examination was normal, with no evidence of an intraocular foreign body or retinal tear. The skin lacerations were cleaned and a 2 mm translucent, needle-like tooth was removed from the cheek. Steri-strips were applied where necessary.

Postoperatively the patient was treated with a course of topical and systemic antibiotics and topical steroids. His recovery was largely uneventful, except that when he returned the snake to the pet shop it struck at the other side of his face causing superficial lacerations over the right superior orbital rim. Fortunately, the right eye was uninjured on this occasion. The corneal sutures were removed from the left eye at 4 months, and 6 months after the injury his visual acuity had recovered to 6/9 unaided.

Comment

Boa constrictors are large, nonvenomous snakes originating from South America and the West Indies. It is