

## Characteristics of Pediatric Ocular Trauma

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### ABOUT THE STUDY

Accidental and intentional trauma in children is a major source of illness and mortality. Thrown balls, sharp objects, missiles, fists, chemical substances like cleaning agents or pool supplies, and many other things can cause eye injuries in children. These can cause a variety of eye issues, such as minor or severe corneal abrasions or cuts, retinal tears and detachments, and bleeding in the vitreous fluid (the clear gel that fills the eyeball). Cuts are very frequent and need to be treated immediately by an ophthalmologist to stop additional damage and possible vision loss. An abuse victim made up around one in ten pediatric patients who were treated for trauma in the United States. In 2014, there was an approximate 702,000 cases of physical abuse against minors. These individuals had a three times greater likelihood of dying if they had a major head injury. Ocular trauma is a prominent source of morbidity in the pediatric population because the eye is at risk of injury in head trauma due to its anatomical orientation.

Few studies have examined the prevalence and characteristics of ophthalmologic crises in general hospitals; the majority have focused on traumatic injuries. Ocular emergencies in children represents for 6.4% of the 12,102 patients examined overall in a year. There are three types of ophthalmological emergencies: traumatic, accidental, and non-traumatic. The incidence of ocular trauma was 17%, with boys (61%) having the highest rate, while the prevalence of traumatic causes was 13% across all age groups. Vision impairment in childhood can have long-term implications on everyday life and psychological growth. Around 8.85% to 15.2% major eye injuries requiring hospitalization in 100,000 children.

Around the world, 1-6% of patients are sent to the general

Emergency Department (ER) having issues connected to the eyes. These complaints are common at any age. According to estimates, there are 2.4 million ocular injuries in the United States each year, with an average of 3 per 1,000 people experiencing ocular problems that require immediate referral to the Emergency Department (ED). Ocular trauma is a frequent reason for consultation, as it accounts for between 40,000 and 60,000 cases of unilateral blindness each year in the US.

Trauma and accidents involving the eyes are common in young children. The majority of ophthalmological situations are minor, yet occasionally they may be related to pathology that compromises vision or be the initial sign of central nervous system problems. Successful results are limited but clinically important fraction of children depends on prompt diagnosis and referral by primary care physicians.

### CONCLUSION

It might be difficult to examine a youngster who has a visual or ocular problem at any time. However, ocular symptoms can also include discomfort and vision problems, which can make a child anxious and make it difficult to examine them. Only a small number of researches have examined the function of ER in providing pediatric eye care. The majority of current epidemiology research only includes traumatic emergencies.

This allows assessing the variables influencing visits and set up diagnostic and therapeutic procedures for the most prevalent illnesses. In the youngest group, sight-threatening injuries were largely caused by incidental trauma, while the oldest group was caused by self-inflicted damage. Associations between demographic categories, processes, injury kinds, and related TBI with trauma intention revealed as patterns.

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