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Case Report

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The final state of prosthesis and orbita of A patient who has never taken off the anterior segment of the prothesis for eighteen years

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ABSTRACT

A 56 year old woman came to our clinic with complaints of rheum in her eye. It has been understood that eighteen years before her story, the patient underwent an evisceration surgery after the reparation of her penetrating left eye, and after the third month of the operation, she didn't go to the examinations. During the consulation the patient only had complaints about rheum, and it has been understood that the patient had no additional problems, besides the irregularities developing on the surface of the prothesis. We aimed to present the interesting case of this patient, whose prothesis were creating no problems, and were kept on during the eighteen year period.

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1. Introduction

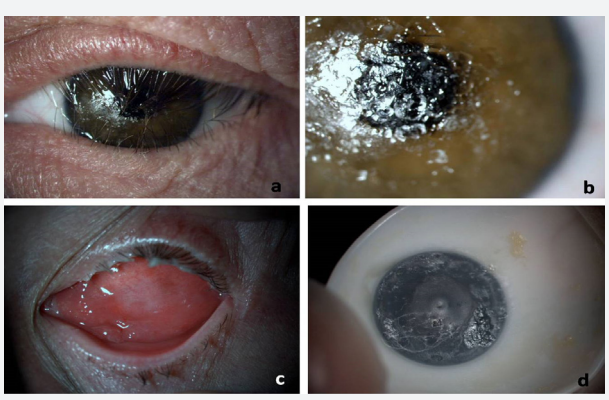
Psychological problems can be seen in a person who has lost one of his eyes for a particular reason. Ocular prosthesis is made to minimize these problems. Eye prosthesis create great physical and cosmetic results for the patient. The purpose of the Ocular prosthesis is to transmute the patient to their normal aspects and living standards. However, the user has to show sensitivity for the prothesis to be long lasting (Berkan, 1982). Complications that can occur due to Ocular Prosthesis; pseudoptosis, ptosis, the lowness of the bottom eyelid, entropion, ectropion, giant papillary conjunctivis not being used for a long period of time, socket contraction secondary to traumas, and infections were notified (Chalin et al., 1971; Beumer et al., 1979; Bozkurt et al., 2007).

2. Case Report

A 56 year old woman patien, came to our clinic with complaints of rheuming in her eye. According to the story of the patient, it was undersood that eighteen years ago, she went through evisceration surgery after her penetrating left eye troubles.The prosthesis was imposed after three months passed from the evisceration, the patient had complaints about rheuming and fainting from time to time due to missing the control checkups. In the examination, the patients right eye degree of vision was 1.0 with the Snellen eye chart, and the examination of the anterior segment and fundus seemed natural. In the examination of the left eye, other than the irregularities developing on the surface of the prothesis, it was seen that the position of the prosthesis was proper. (Figure 1a, 1b)

There was a case of entropion on the bottom left and top eye lids, including some rheuming.

(Figure 1c) After the prosthesis was taken out from the patient, it was seen that the sockets and the conjunctival tissue were normal. Besides the thinness of the Ocular prosthesis, and the secretion deposits on the back side of it, there were no additional abnormalities. (Figure 1d)



3. Discussion

The abnormal and deficient formations in the body from birth are called "Congenital Defect". The substance loss that comes subsequently is known as "Earned Defect." Bulbus Oculi is not developed from birth, but it can be lost after birth, due to traumatic and pathological reasons. In these cases of defect, Ocular prosthesis is called for. The formations of these defects are caused by maligant neoplazm, trauma, congenital or developmental anormaly, and infections (Covillard and Schaff, 1976; Berkan, 2004).

After resection, no surgical operation can emplace the eye back in its place. In these situations, eye prosthesis required. Because these defects create significant psychological problems, the making of the prosthesis should be done as soon as possible. Thus, the patients can proceed in the social activities in their lives, and they would wound up having an acceptable appearance in terms of cosmetics (Parr and ark., 1983; Raizada and Rani, 2007).

In this case report, we aimed to examine a patient who never took off the prosthesis from the day that it was put on after her eyes had been eviscerated due to a trauma. Due to a long use of the prosthesis, ptosis, pseudoptosis, the lowness of the bottom eyelid, socket contractions (postenuclation socket syndrome), entropion, and ectropion, can be seen as shown in literature (Beumer et al., 1979; Chena and Hehera, 2004). In our case, based on literature, we have not observed any additional anomalies, other than the development of entropion.

It has been observed that the socket and conjunctiva tissue were normal. In addition, there have been no obvervations of deformation of the prosthesis, other than the disorder of the front surface. Similar to our patient, patients suffering from rheum, having bacterial colonization in their sockets is one of the things we must keep in mind.

In a microbiotic study where thirty nine cases of socket conjuctivals were evaluated, %73 gram-positive, %27 gram-negative bacterial reproduction was detected. In the same study for people using prothesis for over ten years, we saw the balance shifting towards the gram-negative bacteria (Taner et al., 2003). For patients coming with rheum troubles, the evaluation of the socket and beginning the right healing process is very important for the consistency of using of the prosthesis. Yearly checkups for patients using prosthesis are important in decreasing the complications that can occur due to prosthesis. In addition to protein renewal that is suggested once every ten years, the state of the socket, the relation between the prosthesis and the socket, and the surface of the prosthesis should be examined carefully and regularly. Prosthesis that's been used and hasn't been taken out for a long time period would create socket and conjunctival tissue. In our opinion, it is interesting and for this purpose we decided to report this case.

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