Eternal City beckons for ocular trauma experts

by Dermot McGrath

This summer, the world’s leading experts in ocular trauma will gather in Rome for the VII International Symposium on Ocular Trauma.

For Ferenc Kuhn MD, PhD, executive vice-president of the International Society of Ocular Trauma (ISOT), the meeting represents not only a chance for devotees to get up to speed on the latest developments in treatment strategies but is also an opportunity for non-specialists to become better acquainted with the field of ocular trauma.

“This is a discipline quite unlike any other - and that, of course, is a large part of its appeal. Each case is unique and there is no ready template that can be produced to help you solve the types of problems that occur in ocular trauma,” he says.

The theme of the three-day meeting – Ocular trauma: from anterior to posterior pole – reflects a typically diverse programme that includes sessions on everything from corneal grafts and new instruments to prostheses, rehabilitation and endophthalmitis. As Dr Cesare Forlini, local organiser and symposium chairman refers to it, ocular trauma really is a question of getting to grips with POPEYE – or Pole-to-Pole Eye Surgery.

“We will cover everything relevant in ocular trauma as well as some really new areas that have not previously been addressed, or to a much lesser extent at previous meetings, such as surface reconstruction, artificial vision and war and terror-related injuries,” says Dr Kuhn.

“There are also some new developments in therapeutic management as well which will be discussed at the meeting. Thanks to this new approach, there is now a real hope that certain injuries which currently have a very poor prognosis can be successfully treated in the future,” he said.

Dr Kuhn emphasises that the field of ocular trauma, like ophthalmology in general, is evolving at a rapid pace. With this in mind, he sees the meeting in Rome as the perfect occasion to take stock of recent developments in technologies and treatments and to get a sense of where future innovations might come from.

“I wrote a book on ocular trauma about three years ago and already virtually every chapter in that book will have to be rewritten to take account of developments in the intervening period. Already we can do much better today than we could three years ago,” he said.

Dr Kuhn is particularly excited about the development of a radical new prophylactic approach to treating certain eye injuries such as perforating trauma, rupture with posterior scleral extension and intraocular foreign body with deep impact. While such injuries are usually treated by vitrectomy and retinectomy once retinal complications have occurred, less than two-thirds of eyes retain at least ambulatory final vision, due to proliferation originating from the posterior wound/impact site.

Dr Kuhn explains that the new strategy involves limited, indirect ophthalmoscopic vitrectomy during the primary repair; heavy topical corticosteroid therapy postoperatively and complete vitrectomy within 100 hours of the initial injury. Other measures include prophylactic retinectomy around the posterior wound/impact site, evacuation of subretinal blood, laser retinopexy and, in most cases, silicone oil implantation.

Of seven patients who have been treated thus far with this new prophylactic approach, none has developed retinal scarring or even retinal folding.

“It is still too early and far-reaching conclusions must not be made based on such a small series, but the proactive treatment approach definitely appears promising in preventing proliferation-related complications such as tractional retinal detachment or retinal fold development,” said Dr Kuhn.

An international prospective study to assess the safety and efficacy of this new approach is currently ongoing, and Dr Schrader from Wurzburg, Germany will present initial results from the trial at the Rome meeting.

Discussing the need to encourage more ophthalmologists to study and specialise in ocular trauma, Dr Kuhn notes that the difficult and challenging nature of the work means that many are reluctant to really get to grips with the discipline, even though most of them will have to deal with trauma injuries at some point in their career.

“It would be nice to see more young ophthalmologists become involved, but there are obvious reasons why it is not to everyone’s taste. If you are performing cataract surgery, you are doing the most successful surgery there is and can feel satisfied at your contribution. If you are doing ocular trauma, however, you are doing exactly the opposite. You work harder, you do longer hours, you put much more effort into learning it and it is a never-ending process. And the rewards seem less obvious when you have spent six hours just restoring someone’s vision to hand movement level. Many surgeons would think: why bother?”

But, as Dr Kuhn argues passionately, such a view fails to take account of the most important part of the process – the patient.

“If you learn how to counsel the patient properly – which is a very difficult process because nobody can teach this – this changes everything. You have to learn to be patient and understanding to dedicate time to explain the options to the patient, as well as the problems and possible outcomes. If you do that, your patient, even though he or she may not have perfect vision at the end of their operation, will not turn against you. And while giving back light perception to a patient might seem like no big deal to a cataract surgeon, to the patient it can make all the difference in the world and we should not forget that.”

In Dr Kuhn’s view, the field of ocular trauma also represents a rare opportunity for surgeons to show the true range of their skills and problem-solving abilities.

“Like most medical disciplines, ophthalmology has been neatly divided up into sub-specialties. Ocular trauma, however, does not fit neatly into any one category – it cuts across all sub-specialties. A good ocular trauma surgeon means someone who has a holistic approach to the eye, someone who is able to consider the impact on the retina even as they work on the corneal surface, someone who is not afraid to find new approaches to helping their patients,” he said.

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VII International Symposium on Ocular Trauma takes place from June 29-July 1, 2006. More details available at www.isot2006rome.org