

# **Original Article**

# Prevalence of Ocular Trauma in Different Age Groups and Gender Presenting at Nishtar Hospital Multan



Dr. Anwar Chaudhary

Dr. Muhammad Imran

Dr. Nadeem Ahmad

Correspondence Author:

Correspondence to: **Dr. Muhammad Anwar Chaudhry**Assistant Professor,
Department of Ophthalmology,
Nishtar Medical College & Hospital,
Multan.

<u>Objective:</u> The objective of this study was to determine the prevalence of ocular trauma in different age groups and gender presenting at Nishtar Hospital, Multan.

Materials and Methods: In this study, Five hundred and twenty eight patients of both genders and age one year or more with ocular trauma were included. Patients with non-accidental injury (NAI) were excluded. Ocular trauma was defined as any injury affecting the eye or adnexa that required hospital admission and had a principal or secondary discharge. Demographic details from all the patients in terms of age and gender were recorded.

Results: Mean age was  $15.9 \pm 11.2$  years. Frequency and percentage of patients of ocular trauma according to age groups were 116 (21.97%) in 1-5 years. 106 (20.08%) in 6-10 years, 86(16.29%) in 11-15 years, 56(10.61%) in 16-20 years and majority of the patients (164) were from >20 years age group (31.06%). Frequency and percentage of patients according to gender was 366(69.32%) males and 162(30.68%) females.

<u>Conclusion:</u> Males are more prone to ocular trauma than females and majority of ocular trauma occurs at home. Eye health awareness program and strict legislation to use protective devices should be emphasized so that it can help to reduce the occurrence of ocular trauma.

Key words: Ocular trauma, Age, Gender.

### Introduction:

Ocular trauma is one of the leading causes of preventable monocular blindness worldwide and is a serious public health concern in developed and developing countries<sup>1</sup>. In a research programme for the prevention of blindness, the World Health Organization (WHO) estimated that 55 million eye injuries occur yearly, of which 750,000 people require hospitalization2. Epidemiology of trauma cases varies in different regions of the world with variables such as age, gender, type of injury, cause of injury, place of injury, and the management of ocular trauma. Ocular trauma patients admitted at various emergency departments varied in age. In the US, 25.4% occurred in children and youths aged 0-18 years3. In Pakistan, children who sustained eye injuries had a mean age of  $7.03 \pm 3.61$  years, most (42.9%) belonging to the school-aged group (6-11 years)<sup>4</sup>. In Israel, almost half (47%) of the injuries occurred in children younger than 17 years, mainly between 6-12 years of age<sup>5</sup>. In Brazil, 0-5 years old children were at greatest risk for ocular trauma6. The incidence of eye injuries may be higher in developing countries7. The eye represents only 0.27% of the total body surface area and 4% of the facial area, yet it is the third most common organ affected by injuries after the hands and feet8.

Worldwide there are approximately 1.6 million people blind from eye injuries, 2.3 million are bilaterally visually impaired and 19 million have unilateral visual loss. These figures make ocular trauma the most common cause of unilateral blindness. Many eye injuries are related to particular occupations and certain cultures. The annual rate of ocular injury in the United States alone is 2.4 million. Reports suggest that up to 60.5% of cases of ocular injury lead to visual impairment and rates are significantly higher among men under 30 years of age. Research shows that one out of every five adults have a history of ocular trauma.

Apart from its effect on each individual, ocular trauma is a case of ophthalmic emergency on mass level. Hospitalization due to ocular trauma is a health issue. Admission rates have been reported between 8 and 33 per 100,000 per year. Considering the importance of ocular trauma and its effect on eye and public health, we conducted this study to determine the prevalence of ocular trauma in different age groups and gender in the population of South Punjab. Nishtar hospital, Multan being the major serving institute of this population was focused for this study.

# Material and Methods:

This cross sectional study was conducted in emergency department of Ophthalmology department, Nishtar Hospital Multan from 01-01-2013 to 02-08-2015 Five hundred and twenty eight patients of either gender and  $\geqslant$  one year of age with ocular trauma were included in this study.

Patients with non-accidental injury (NAI) were excluded.

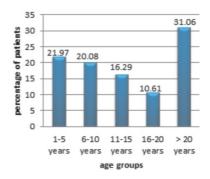
Ocular trauma was defined as any injury affecting the eye or adnexa that required hospital admission and had a principal or secondary discharge. Demographic details from all the patients in terms of age and gender were recorded.

Data were analyzed with SPSS statistical analysis program. Frequency and percentage was computed for qualitative variables like age groups and gender. Mean ±SD was presented for quantitative variable like age. Age and gender was controlled by stratification.

# Results:

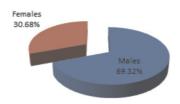
Mean age was 15.924±11.21 years. Frequency and percentage of patients of ocular trauma according to age groups were 116 (21.97%) in 1-5 years, 106 (20.08%) in 6-10 years, 86 (16.29%) in 11-15 years, 56(10.61%) in 16-20 years and majority of the patients (164) were from >20 years group (31.06%) as shown in Graph-I.

Fig.1: Distribution of ocular trauma according to age group



gender was 366 (69.32%) males and 162 (30.68%) females

Fig. 2: Distribution according to gender



Incidence of ocular trauma increased with age in males. However female gender didn't follow this relation. This is very well depicted in table 1.



Table 1: Stratification of gender with respect to age groups

Age in years	Gender	
	Males	Females
1-5	45 (38.8%)	71 (61.2%)
6-10	70 (66%)	36 (34%)
11 – 15	72 (83.7%)	14 (16.3%)
16-20	48 (85.7%)	8 (14.3%)
>20	131 (79.9%)	33 (20.1%)
Total	366 (69.32%)	162 (30.68%

#### Discussion:

Ocular trauma is a major cause of monocular blindness and visual impairment. A total of 528 patients who sustained ocular trauma were included in this study to find out the magnitude of ocular trauma among patients who presented to Nishtar Hospital, Multan, Pakistan. Ocular trauma has been investigated in many population based studies in the USA and Canada as well as the United Kingdom and Australia 13-17. There is a geographical variation in the cause of ocular injury which is age and gender specific 13,14,18 Studies from different regions such as the Caribbean, 13,14 Singapore<sup>18</sup> and India<sup>20</sup> demonstrate variations in the characteristics, incidence and prevalence of ocular trauma. These variations clearly portray the influence of different methods of data collection, socioeconomic factors and industrialization of a population on the epidemiology of eve trauma.

The present study demonstrates that males are more susceptible to eye injury than females irrespective of their age. This male predominance is found in earlier studies too 13,14.

The highest incidence of ocular trauma occurred in the > 20 years age group. This concurs with other studies but some authors also describe a bimodal pattern where an increased incidence is observed in the 25–30 years age group (first peak) and the second peak incidence is seen after 70 years. 18

The highest incidence of ocular trauma in our population occurred at home followed by the work place then road traffic accidents. The domestic setting produced all types of trauma, but blunt and penetrating injuries were the most frequent types of injuries. This correlation was also seen in study by Khatry et al<sup>21</sup>.

In the paediatric age group, our study reports and agrees with the literature that the majority of injuries occur at home and can be avoided with supervision<sup>13,14,19</sup>. This important trend highlights the need for prevention strategies to increase public awareness and re-emphasize the use of protective eyewear in the high-risk groups of population while

being engaged in common domestic activities which can likely cause eye injury. This trend also indicates that further efforts are still required in our population to regulate the availability and use of effective eye protection in the workplace setting. Strict penalties for non-compliance should be enforced to ensure good practices among workers. Estimations by Dannenberg et al suggest that less than 10% of injured workers used adequate protective eyewear at the time of injury<sup>22</sup>.

### Conclusion:

Males are more prone to ocular trauma than females and majority of ocular trauma occurs at home. Very few people use protective devices at work place leading to such a magnitude of monocular impairment. So eye health awareness program and strict legislation to use protective devices should be emphasized so that it can help to reduce the occurrence of ocular trauma.

# References:

- Hashemi H, Khabazkhoob M, Emamian MH, Shariati M, Mohazzab-Torabi S, Fotouhi A. Past history of ocular trauma in an Iranian population-based study. Prevalence and its associated factors. Middle East Afr J Ophthalmol 2015;22(3):377-82.
- 2. Negrel AD, Thylefors B. The global impact of eye injuries. Ophthalmic Epidemiol 1998;5(3):143-69.
- 3. McGwin G, Xie A. Owsley C. Rate of eye injury in the United States. Arch Ophthalmol 2005;123:970-6.
- 4. Noorani S, Ahmed J, Shaikh A. Frequency of different types of pediatric ocular trauma attending a tertiary care pediatric ophthalmology department. Pak J Med Sci 2010;26:567-70.
- Rapoport I, Romem M, Kinek M. Eye injuries in children in Israel: a nationwide collaborative study. Arch Ophthalmol 1990;108:376-9.
- MorieraCA, Ribeiro MD, Belfort R. Epidemiological study of eye injuries in Brazilian children. Arch Ophthalmol 1988;106:781-4.
- Vats S, Murthy GVS, Chandra M, Gupta SK, Vashist P. Epidemiological study of ocular trauma in an urban slum population in Delhi. Indian J Ophthalmol 2008;56:313-6.
- Nordber E. Injuries as a public health problem in sub-Saharan Africa: epidemiology and prospects for control. EastAfr Med J 2000;77:1-43.
- Omolase CO, Omolade EO, Ogunleye OT, Omolase BO, Ihemedu CO, Adeosun OA. Pattern of ocular injuries in Owo, Nigeria. J Ophthalmic Vis Res 2011;6(2):114-8.
- 10. Brophy M, Sinclair SA, Hostetler SG, Xiang H.



- Pediatric eye injury-related hospitalizations in the United States.Pediatrics 2006;117(6):1263-71.
- Wong TY, Klein BE, Klein R. The prevalence and 5year incidence of ocular trauma. The Beaver Dam Eye Study. Ophthalmology 2000;107(12):2196-202.
- Nirmalan PK, Katz J, Tielsch JM, Robin AL, Thulasiraj RD, Krishnadas R, et al. Ocular trauma in a rural south Indian population: the Aravind Comprehensive Eye Survey. Ophthalmology 2004;111(9):1778-81.
- Mowatt L, McDonald A, Ferron-Boothe D. Hospitalization trends in adult ocular trauma at the University Hospital of the West Indies. West Indian Med J 2012;61:605-9.
- Mowatt L, McDonald A, Ferron-Boothe D. Paediatric ocular trauma admissions to the University Hospital of the West Indies 2000-2005. West Indian Med J 2012;61:598-604.
- Karlson TA, Klein BE. The incidence of acute hospitaltreated eye injuries. Arch Ophthalmol 1986;104:1473-
- Desai P, MacEwen CJ, Baines P, Minassian DC. Epidemiology and implications of ocular trauma admitted to hospital in Scotland. J Epidemiol Community Health 1996;50:436-4.
- McCarty CA, Fu C, Taylor HR. Epidemiology of ocular trauma in Australia. Ophthalmology 1999;106:1847-52.
- Wong TY, Tielsch JM. A population-based study on the incidence of severe ocular trauma in Singapore. Am J Ophthalmol 1999;128:345-51.
- Abbott J, Shah P. The epidemiology and etiology of pediatric ocular trauma. Sury Ophthalmol 2013;58:476-85.
- Krishnaiah S, Nirmalan PK, Shamanna BR, Srinivas M, Rao GN, Thomas R. Ocular trauma in a rural population of southern India: the Andhra Pradesh Eye Disease Study. Ophthalmology 2006;113:1159-64.
- Khatry SK, Lewis AE, Schein OD, Thapa MD, Pradhan EK, Katz J. The epidemiology of ocular trauma in rural Nepal. Br J Ophthalmol 2004;88:456-60.
- Dannenberg AL, Parver LM, Brechner RJ, Khoo L. Penetrating eye injuries in the workplace. The National Eye Trauma System Registry. Arch Ophthalmol 1992;110:843-8.