

Corneal Abrasion

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A previously well, 26-day-old girl presented to the pediatric emergency department with a history of inconsolable crying for 8 hours. History revealed that the infant had been scratching her face. Pregnancy, labor, delivery, and the neonatal course had been unremarkable. She has no other symptoms. Her dietary intake, growth, and development were unremarkable.

Physical examination revealed a well appearing baby who was active, alert, irritable, and crying. Small excoriations were noted on the lateral side of the girl's right eye. Examination findings of the head, nose, ears, and mouth were normal. The lungs, heart, abdomen, genitalia, extremities and skin were unremarkable on examination.

Fluorescein staining of the eyes revealed 3- to 5-mm abrasion of the right cornea.

The infant was discharged home with erythromycin eye ointment. At a follow-up visit in the eye clinic the next day, the girl's eye examination results were normal, confirming that the corneal abrasion had healed.

Corneal abrasion is gaining recognition as a cause of acute, inconsolable crying in infants.¹ This presentation of corneal abrasion among infants differs from that of children older than 1 year of age, the latter of whom have at least 2 signs or symptoms of abrasion. Among these presenting ophthalmologic signs and symptoms are excessive crying, grunting respiration, eye rubbing, eyelid edema, conjunctival erythema, complaints of eye pain, visual disturbance, tearing, photophobia, blepharospasm, and a history of trauma.²⁻⁴

Inadvertent scratching of the cornea by the patient and foreign body are among the common causes of corneal abrasion.

On physical examination, the cornea with an abrasion may appear hazy. Definitive diagnosis is based on the results of fluorescein staining of the cornea.⁵ Patients with herpes simplex virus infection also can present with positive fluorescein corneal staining test results.

Infants younger than 3 months of age should have a complete physical examination to identify any serious treatable causes of inconsolable crying.⁶ In our patient's case, no other identifiable causes of crying were present.

Management involves local ophthalmic antibiotic ointment, with a follow-up visit the next day to ensure proper healing. Our patient's corneal abrasion had resolved by the time of the follow-up visit the next day. An eye patch worn for 24 hours had been a customary practice; however, it has been proven to be of no use or, in some cases, even detrimental to the eye.⁷ ■

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