Self Inflicted Bilateral Rupture Globe Resulting in Total Permanent Loss of Vision - A Case Report

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Self Inflicted Eye Injuries are a rare but important group of ophthalmic condition. The disease spectrum can vary from simple conjunctivitis to severe trans orbital penetrating trauma. While the act of self enucleation is rare other self inflicted eye injuries may be more common.

We report a case of a young man, an engineer by profession suffering from schizophrenia, who attended our hospital after injuring both his eyes with his own thumb and blinding himself.

Self inflicted eye injuries are a recognized ophthalmic problem in adults with psychological disorder and drug addicts. Self injurious behavior is not a new phenomenon to the human existence, but it is only of late that we began to talk about it. Self inflicted wounds pose a diagnostic dilemma to the examining clinician and forensic specialist. This group of conditions require special attention and insight as they may be due to ulterior motives and have a medico legal significance.

Case History

A 36 year old unmarried male engineer presented to us in the emergency department with history of self inflicted eye injuries and profuse bleeding from both eyes (Fig. 1). He was brought by his father and he gave history of psychiatric illness.

On examination

Scleral rupture extending from 10 o’clock to 2 o’clock position, in the ciliary region concentric to limbus with extensive uveal and vitreous prolapse were noted in both eyes. Right eye appeared to be more damaged. A/B scan showed retinal detachment with vitreous haemorrhage both eyes (Fig. 2 a & b).

General and systemic examination of the patient was within normal limits. Patient was calm, cooperative and well oriented to time and place.

According to the patient he had impulsively ruptured both his eyes with his finger and this act was in response to a sudden urge to escape from his disturbing hallucinations.

We managed the case in consultation with our psychiatry department. As per the psychiatrist this was a case of paranoid schizophrenia with suicidal tendencies.

The purpose of this case report is to describe the circumstances and phenomenology of patients who remove or pierce their eyes or orbits during psychotic illness.
Self inflicted eye injuries are a rare but important group of ophthalmic conditions that require close co-operation between different medical specialties to provide the best care to the disturbed patients. The most dramatic and disturbing cases involve deliberate self injury, self mutilation, destruction or alteration of body tissue without conscious suicidal intent which occur in a variety of psychiatric diseases. Majority of self mutilation involves eye enucleation, amputation of limbs or genitals. These self inflicted injuries are followed by relief from anxiety when completed or by frustration when injury was prevented.

Psychiatric theories of pathogenesis for self inflicted behavior include religious and sexual ideation, symbolism, guilt and displacement. Biological theories include disorders of serotonergic, dopaminergic and opiate neuro transmitters. Clinical characteristics of self mutilators include acute or chronic psychosis, drug induced psychosis, other psychiatric conditions and certain organic states. Management of self inflicted eye injury requires close co-operation between the ophthalmologist and psychiatrist as well as other medical specialists to ensure quick resuscitation of the patient, prompt diagnosis and treatment of any injuries and treatment of underlying behavior that led to the injuries.

Eye injuries assume importance as they are vision threatening and of great medico legal significance. One must rule out all possible organic causes before making the diagnosis of self injury. Once concluded however, prompt intervention by a multi-pronged approach of cooperation between doctors can help the patient.

References

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