

Traumatic Proptosis

A PowerLinks Page Presented By



Proptosis occurs primarily due to **trauma** in dogs and cats predisposed due to their conformation. It is much more common in **brachycephalic breeds** due to a more shallow orbital space. Initial management should always consist of **lubrication** and assessment of the patient as a whole for other complications from trauma. Then, evaluate the orbit for fractures and perform a thorough ophthalmic exam to identify other problems and assess direct and consensual pupillary light responses (PLR). Patients that have a **consensual PLR** have a much better prognosis. Hyphema or rupture of several extraocular muscles indicates a poor prognosis for recovery of the eye. A **temporary tarsorrhaphy** is the treatment of choice to allow the globe to heal. Even if non-visual, it may be cosmetically preferable. Enucleation can be performed if there is a very poor chance that the globe can be preserved.

For the purposes of board exams, fortunately, there is not too much additional information that you need to know. You should definitely be able to recognize the condition by a picture or description and recommend therapy based on the prognostic factors listed above and in the PowerLinks below. These PowerLinks provide multiple images and additional information about prognostic factors and surgical treatment.

Proptosis PowerLinks

Practical Tips Lecture for Ophthalmic Surgery by Elizabeth Giuliano, DVM, DACVO

<http://www.bravo.org.uk/htm/BrAVO2006EAGpractical%20tipsforophthalmicsurgerycompressed.pdf>

Pages (or slides) 13-23 give a nice review of proptosis, prognostic factors, and treatment with multiple images. Additional material on 24-37 provides information about surgery and enucleation that is less important for exam purposes.

Slides from Ocular Emergency Lecture from Heather Kaese, DVM, DACVIM

http://wvta.homestead.com/WVTA_Ocular_Trauma_read_only.pdf

Slide 3-13 provide a similar good review with images as the reference above. The remainder of the slides cover other ocular emergency conditions and may warrant brief review, time permitting.