18th International Conference of the
Research Institute of Ophthalmology

# RIO 2026

22 -23 JANUARY 2026
ROYAL MAXIM PALACE KEMPINSKI, CAIRO

## Approach to a Case of Unilateral Acute Proptosis


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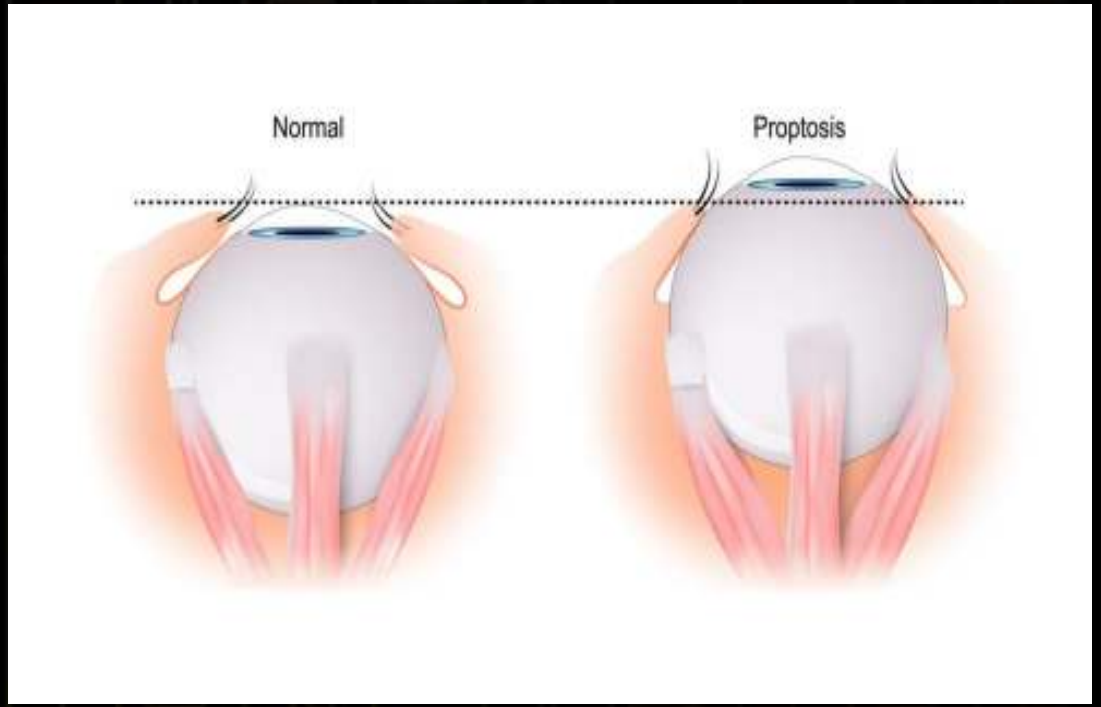
# Proptosis

- protrusion of eye ball
- : May be
- Unilateral or bilateral
- Acute or gradual
- Painful or painless

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# Case presentation

My case is 13 yrs. old male patient come to outpatient clinic with acute painful proptosis in . LT eye

H/o of Blunt trauma by stone one day before

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# Inspection and palpation

Proptosis with inferior dystopia

↓

Ophthalmoloplegia
Painful

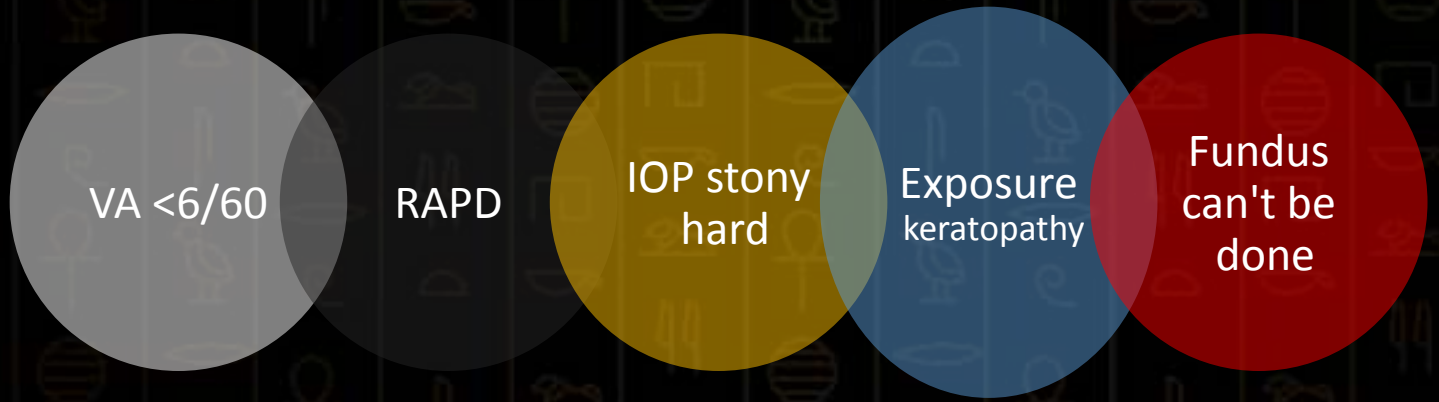
↓

Lid edema

↓

Palpation →tender eye

# Ocular Examination

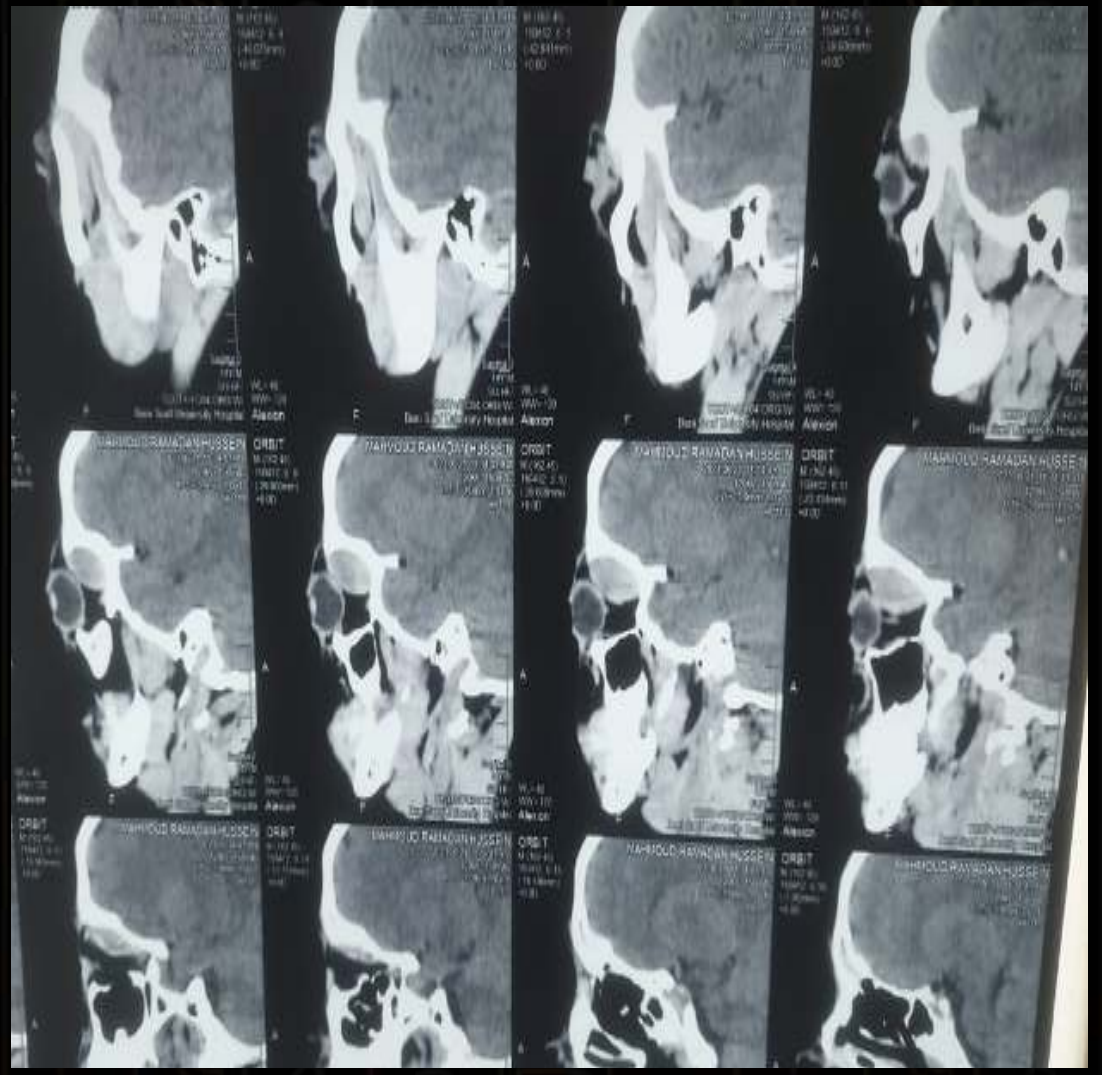


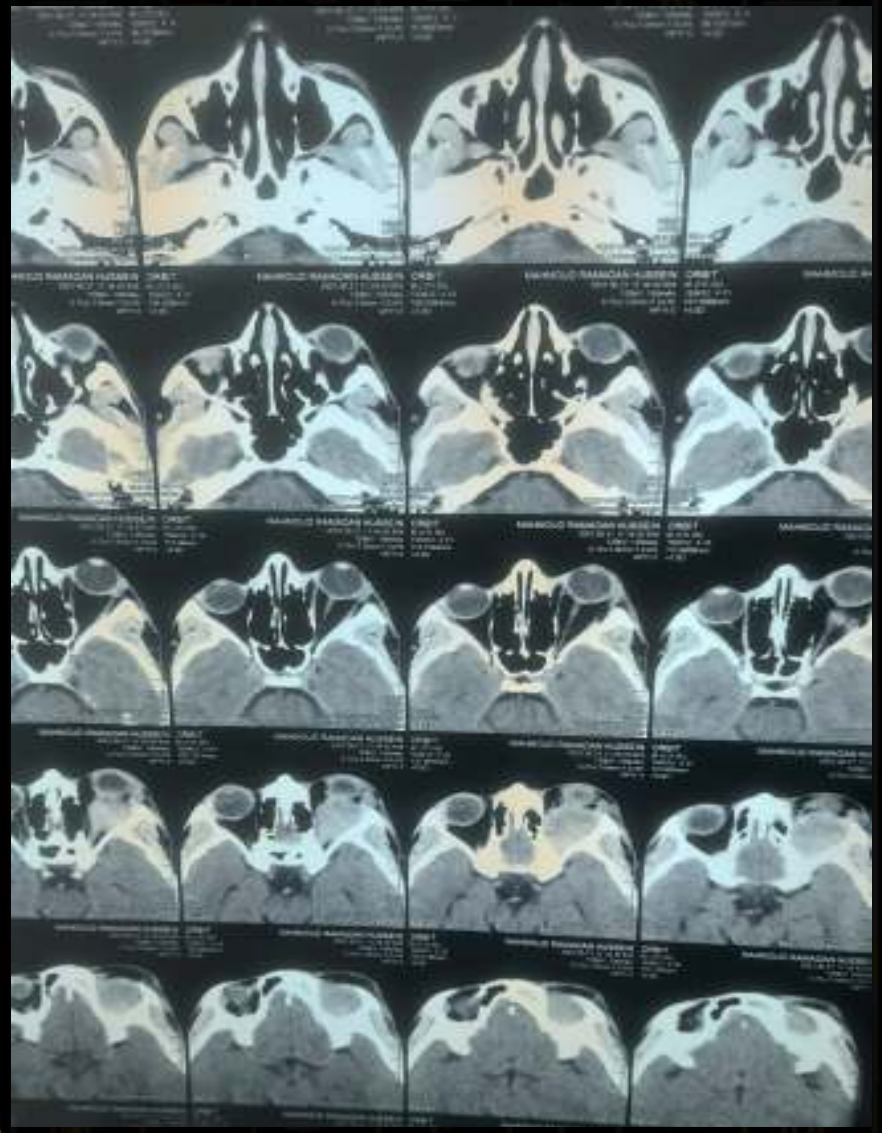
# investigation

**CT orbit 2 mm cuts**

Axial, coronal and sagittal sections

**Hyper dense mass** located in the superior aspect the orbit ,between the bone and the periosteum (Retro bulbar sub periosteal hematoma)





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After consultation
Decision
Urgent surgical evacuation

**Under local anesthesia** → By 21 gauge needle → Slowly introduced and evacuate hematoma → Amount of blood was more than 10 cm

On table improvement

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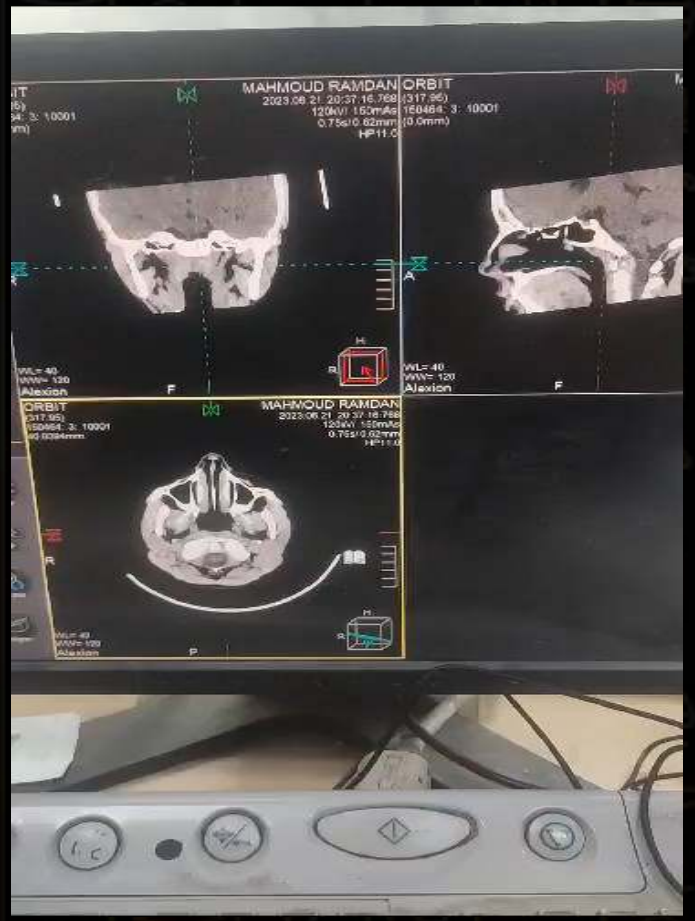
6hr later CT scan follow up >>> no rebleeding

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After One day >>>> great improvement

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# Take home message

Emergency is emergency

You are human before become doctor

Learn how to take your steps Systemically to reach your Diagnosis

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