VISUAL LOSS IN MAJOR BURN INJURY AFTER ENZYMATIC AND SURGICAL DEBRIDEMENT

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OBJECTIVES

Review of an extremely rare **complication** in a **major burn injured patient** due to a case: **ischemic optic neuropathy** (ION).

85% total body surface burn injury

High temperature water
+ **caustic soda**

METHODS

ADMISSION

- ▶ Ventilation support, sedoanalgesia and tracheal intubation.
- ▶ Hydroelectrolytic reanimation: **27 L** of Lactate Ringer during **1st 24 hours**.
- ▶ Upper limbs **escharotomy, enzymatic debridement** (Nexobrid®), surgical debridements with coverage.
- ▶ Hemodynamic instability

Prolonged multiorganic failure

Ophthalmological follow-up with
no complications

Extubated on **85 post-burn day**.

RESULTS

On **92 post-burn day** the patient complained of **blindness**.

Intraocular pressure 17 mmHg.

Fundoscopy: **disc pallor**.

Carotid arteries doppler: No alterations.

CT scan: No alterations.

Magnetic resonance: Nonspecific minimal widen of subarachnoid perioptic spaces.

Dismissed pharmacological, compressive and infectious causes, the patient was diagnosed of

Optic ischaemic neuropathy

There is **not** an effective **treatment available** and the complication is currently **irreversible**.

Optic Ischaemic Neuropathy

CONCLUSION

- **Rare** cause of **visual loss** due to a **decreased blood flow** through the **optic nerve**.
- Major complication in polytraumatism that need massive fluid resuscitation and other groups of postoperative patients, but barely described in burned patients
- There is **not** an effective **treatment available** for this complication therefore **prevention** is the **principal objective**.