

World Journal of *Clinical Cases*

World J Clin Cases 2022 May 16; 10(14): 4327-4712



OPINION REVIEW

- 4327 Emerging role of biosimilars in the clinical care of inflammatory bowel disease patients
Najeeb H, Yasmin F, Surani S

MINIREVIEWS

- 4334 Practical insights into chronic management of hepatic Wilson's disease
Lynch EN, Campani C, Innocenti T, Dragoni G, Forte P, Galli A
- 4348 Adipose-derived stem cells in the treatment of hepatobiliary diseases and sepsis
Satilmis B, Cicek GS, Cicek E, Akbulut S, Sahin TT, Yilmaz S

ORIGINAL ARTICLE**Clinical and Translational Research**

- 4357 Learning curve for a surgeon in robotic pancreaticoduodenectomy through a "G"-shaped approach: A cumulative sum analysis
Wei ZG, Liang CJ, Du Y, Zhang YP, Liu Y
- 4368 Clinical and prognostic significance of expression of phosphoglycerate mutase family member 5 and Parkin in advanced colorectal cancer
Wu C, Feng ML, Jiao TW, Sun MJ

Case Control Study

- 4380 Significance of preoperative peripheral blood neutrophil-lymphocyte ratio in predicting postoperative survival in patients with multiple myeloma bone disease
Xu ZY, Yao XC, Shi XJ, Du XR

Retrospective Study

- 4395 Association between depression and malnutrition in pulmonary tuberculosis patients: A cross-sectional study
Fang XE, Chen DP, Tang LL, Mao YJ
- 4404 Pancreatic cancer incidence and mortality patterns in 2006-2015 and prediction of the epidemiological trend to 2025 in China
Yin MY, Xi LT, Liu L, Zhu JZ, Qian LJ, Xu CF
- 4414 Evaluation of short- and medium-term efficacy and complications of ultrasound-guided ablation for small liver cancer
Zhong H, Hu R, Jiang YS

- 4425** Hematopoiesis reconstitution and anti-tumor effectiveness of Pai-Neng-Da capsule in acute leukemia patients with haploidentical hematopoietic stem cell transplantation

Yuan JJ, Lu Y, Cao JJ, Pei RZ, Gao RL

- 4436** Oral and maxillofacial pain as the first sign of metastasis of an occult primary tumour: A fifteen-year retrospective study

Shan S, Liu S, Yang ZY, Wang TM, Lin ZT, Feng YL, Pakezhati S, Huang XF, Zhang L, Sun GW

- 4446** Reduced serum high-density lipoprotein cholesterol levels and aberrantly expressed cholesterol metabolism genes in colorectal cancer

Tao JH, Wang XT, Yuan W, Chen JN, Wang ZJ, Ma YB, Zhao FQ, Zhang LY, Ma J, Liu Q

Observational Study

- 4460** Correlation of pressure gradient in three hepatic veins with portal pressure gradient

Wang HY, Song QK, Yue ZD, Wang L, Fan ZH, Wu YF, Dong CB, Zhang Y, Meng MM, Zhang K, Jiang L, Ding HG, Zhang YN, Yang YP, Liu FQ

- 4470** Multi-slice spiral computed tomography in diagnosing unstable pelvic fractures in elderly and effect of less invasive stabilization

Huang JG, Zhang ZY, Li L, Liu GB, Li X

SYSTEMATIC REVIEWS

- 4480** Distribution and changes in hepatitis C virus genotype in China from 2010 to 2020

Yang J, Liu HX, Su YY, Liang ZS, Rao HY

CASE REPORT

- 4494** Bow hunter's syndrome successfully treated with a posterior surgical decompression approach: A case report and review of literature

Orlandi N, Cavallieri F, Grisendi I, Romano A, Ghadirpour R, Napoli M, Moratti C, Zanichelli M, Pascarella R, Valzania F, Zedde M

- 4502** Histological remission of eosinophilic esophagitis under asthma therapy with IL-5 receptor monoclonal antibody: A case report

Huguenot M, Bruhm AC, Essig M

- 4509** Cutaneous mucosa-associated lymphoid tissue lymphoma complicating Sjögren's syndrome: A case report and review of literature

Liu Y, Zhu J, Huang YH, Zhang QR, Zhao LL, Yu RH

- 4519** Plexiform neurofibroma of the cauda equina with follow-up of 10 years: A case report

Chomanskis Z, Juskys R, Cepkus S, Dulko J, Hendrixson V, Ruksenas O, Rocka S

- 4528** Mixed porokeratosis with a novel mevalonate kinase gene mutation: A case report

Xu HJ, Wen GD

- 4535** Isolated pancreatic injury caused by abdominal massage: A case report

Sun BL, Zhang LL, Yu WM, Tuo HF

- 4541** Bronchiolar adenoma with unusual presentation: Two case reports
Du Y, Wang ZY, Zheng Z, Li YX, Wang XY, Du R
- 4550** Periodontal-orthodontic interdisciplinary management of a “periodontally hopeless” maxillary central incisor with severe mobility: A case report and review of literature
Jiang K, Jiang LS, Li HX, Lei L
- 4563** Anesthesia management for cesarean section in a pregnant woman with odontogenic infection: A case report
Ren YL, Ma YS
- 4569** Convulsive-like movements as the first symptom of basilar artery occlusive brainstem infarction: A case report
Wang TL, Wu G, Liu SZ
- 4574** Globe luxation may prevent myopia in a child: A case report
Li Q, Xu YX
- 4580** Computer tomography-guided negative pressure drainage treatment of intrathoracic esophagojejunal anastomotic leakage: A case report
Jiang ZY, Tao GQ, Zhu YF
- 4586** Primary or metastatic lung cancer? Sebaceous carcinoma of the thigh: A case report
Wei XL, Liu Q, Zeng QL, Zhou H
- 4594** Perianesthesia emergency repair of a cut endotracheal tube’s inflatable tube: A case report
Wang TT, Wang J, Sun TT, Hou YT, Lu Y, Chen SG
- 4601** Diagnosis of cytomegalovirus encephalitis using metagenomic next-generation sequencing of blood and cerebrospinal fluid: A case report
Xu CQ, Chen XL, Zhang DS, Wang JW, Yuan H, Chen WF, Xia H, Zhang ZY, Peng FH
- 4608** Primary sigmoid squamous cell carcinoma with liver metastasis: A case report
Li XY, Teng G, Zhao X, Zhu CM
- 4617** Acute recurrent cerebral infarction caused by moyamoya disease complicated with adenomyosis: A case report
Zhang S, Zhao LM, Xue BQ, Liang H, Guo GC, Liu Y, Wu RY, Li CY
- 4625** Serum-negative Sjogren's syndrome with minimal lesion nephropathy as the initial presentation: A case report
Li CY, Li YM, Tian M
- 4632** Successful individualized endodontic treatment of severely curved root canals in a mandibular second molar: A case report
Xu LJ, Zhang JY, Huang ZH, Wang XZ

- 4640** Successful treatment in one myelodysplastic syndrome patient with primary thrombocytopenia and secondary deep vein thrombosis: A case report
Liu WB, Ma JX, Tong HX
- 4648** Diagnosis of an extremely rare case of malignant adenomyoepithelioma in pleomorphic adenoma: A case report
Zhang WT, Wang YB, Ang Y, Wang HZ, Li YX
- 4654** Management about intravesical histological transformation of prostatic mucinous carcinoma after radical prostatectomy: A case report
Bai SJ, Ma L, Luo M, Xu H, Yang L
- 4661** Hepatopulmonary metastases from papillary thyroid microcarcinoma: A case report
Yang CY, Chen XW, Tang D, Yang WJ, Mi XX, Shi JP, Du WD
- 4669** PD-1 inhibitor in combination with fruquintinib therapy for initial unresectable colorectal cancer: A case report
Zhang HQ, Huang CZ, Wu JY, Wang ZL, Shao Y, Fu Z
- 4676** Cutaneous metastasis from esophageal squamous cell carcinoma: A case report
Zhang RY, Zhu SJ, Xue P, He SQ
- 4684** Rare pattern of Maisonneuve fracture: A case report
Zhao B, Li N, Cao HB, Wang GX, He JQ
- 4691** Suprasellar cistern tuberculoma presenting as unilateral ocular motility disorder and ptosis: A case report
Zhao BB, Tian C, Fu LJ, Zhang XB
- 4698** Development of plasma cell dyscrasias in a patient with chronic myeloid leukemia: A case report
Zhang N, Jiang TD, Yi SH
- 4704** Ovarian growing teratoma syndrome with multiple metastases in the abdominal cavity and liver: A case report
Hu X, Jia Z, Zhou LX, Kakongoma N

LETTER TO THE EDITOR

- 4709** Perfectionism and mental health problems: Limitations and directions for future research
Nazari N

ABOUT COVER

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Globe luxation may prevent myopia in a child: A case report

Qian Li, Yu-Xin Xu

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Abstract

BACKGROUND

Globe luxation is rare and is mostly due to direct orbital trauma with fractures of the medial and floor walls, which displace the globe into the maxillary sinus. Only a few cases have been reported; moreover, patients who suffer global luxation rarely achieve eyesight recovery.

CASE SUMMARY

This report describes the treatment and prognosis of global luxation occurring in a child. A 6-year-old boy presented with left globe luxation that occurred after a sudden stop on a tricycle, without any injury to the orbital or maxillofacial bony structures. After admission to the hospital, an external canthus incision, globe repositioning, orbital exploration and temporary blepharoplasty were performed. Finally, the child completely recovered and maintained good eyesight in his left eye even though the right eye developed myopia after four years of follow-up.

CONCLUSION

The aim of this study was to report the special occurrence of globe luxation in the child and share some experience of the treatment. Immediate surgical management plays an important role in the recovery of visual function, and globe luxation may prevent nearsightedness by reducing the distortion of the eyeball, shortening the axis and improving ciliary function.

Key Words: Globe luxation; Myopia; Orbital trauma; Case report

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Core Tip: Globe luxation is rare and is mostly due to direct orbital trauma with fractures of the medial and floor walls, displacing the globe into the maxillary sinus. In our case, globe luxation was not as severe as those previously reported, and luxation occurred when the boy's tricycle stopped suddenly. The boy maintained an intact retinal nerve and extraocular muscle and completely recovered after eye repositioning. After the surgery and 4-year follow-up, we consider that immediate surgical management must be performed, especially for patients whose retinal nerve is not severely injured. In addition, we hypothesize that there might exist some correlation between globe luxation and myopia; globe luxation might prevent nearsightedness by reducing the distortion of the eyeball and improving the function of ciliary.

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INTRODUCTION

Luxation of the globe is a rare event that results from severe trauma to the orbit that often causes orbital rim and wall fractures, and it is sometimes accompanied by optic nerve avulsion and extraocular muscle (EOM) rupture. Most of these patients present impaired vision and restricted movement of the injured eyeball, even after the globe is repositioned. Herein, we report of a case of a 6-year-old boy who solely suffered left globe luxation, without any injury to the orbital bones or the maxillofacial structures. He achieved complete visual functional recovery and good cosmesis. However, after 4 years of follow-up, we were surprised to learn that the vision of his injured eye was better than that of the other eye, and his left eye maintained good eyesight, whereas the right eye was nearsighted.

CASE PRESENTATION

Chief complaints

A 6-year-old child was admitted to the Eye Department of the Second Affiliated Hospital of Anhui Medical University (on June 3, 2017) with a complaint of ocular proptosis and no light perception after his tricycle had come to a sudden stop.

History of present illness

He was admitted to our department 4 h after the left eyeball was dislocated without any other facial injury after his tricycle had come to a sudden stop. He had pain in his left eye and experienced no light perception; moreover, his extraocular motility was limited.

History of past illness

The child and his grandfather denied any other medical conditions.

Personal and family history

The child and his grandfather denied any family history of related diseases.

Physical examination

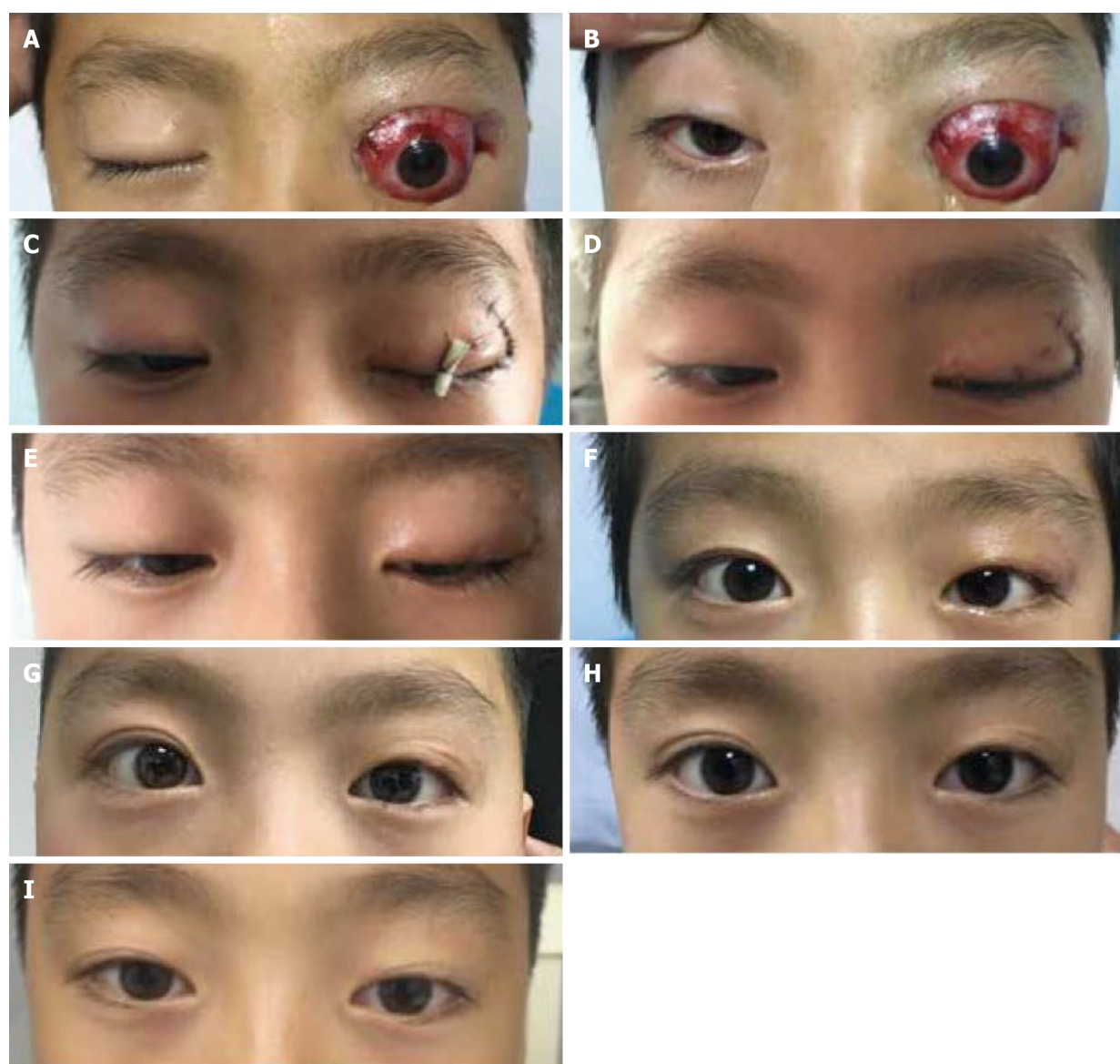
Upon clinical examination, the patient presented with intact left globe luxation, exophthalmos (L/R = 5 mm), no visual acuity, no perception of light and a complete limitation of extraocular motility in all directions. The eyelid was intact, the conjunctiva showed hyperaemia, the cornea was dry and completely exposed and the pupil was mid-dilated, with no reaction to light (Figure 1A and B). Furthermore, he could not keep his right eye open.

Laboratory examinations

No laboratory tests.

Imaging examinations

Computed tomography and magnetic resonance imaging showed proptosis of the left globe and gas accumulation in the superior intraconal space and stretching of the EOM (Figure 2A-E). Magnetic resonance angiography excluded carotid cavernous fistula (Figure 2F).



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Figure 1 The status at different follow-up time. A and B: Status on presentation (June 3, 2017); C: Status on the first postoperative day (June 5, 2017); D: Status at the end of the first postoperative week (June 13, 2017); E: Status at the end of the first postoperative month (July 18, 2017); F: Status after two months (August 22, 2017); G: Status at February 2, 2018; H: Status at July 23, 2019; I: Status at August 8, 2020.

FINAL DIAGNOSIS

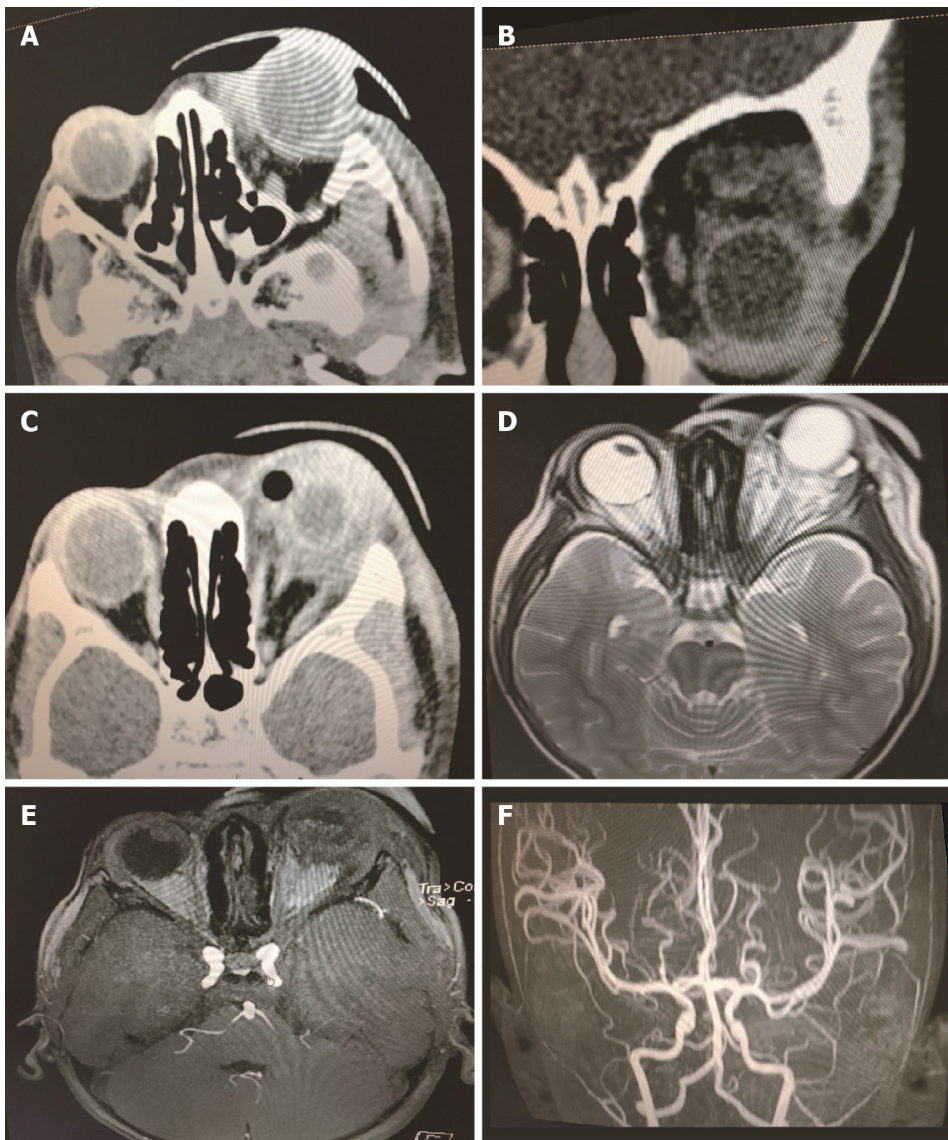
Combined with the clinical and imaging examination, the final diagnosis was globe luxation.

TREATMENT

One day after admission, the patient was transferred to an operating room to treat the ocular lesions, and an external canthus incision, globe repositioning, orbital exploration and temporary blepharoplasty were performed. The eyeball was pressure bandaged for the next 48 h. Seven days later, the eyelid suture was removed.

OUTCOME AND FOLLOW-UP

His ocular signs were essentially normal when he left the hospital 8 d after the surgery (Figure 1D). His left globe was repositioned with slight ocular hyperaemia and vision recovery (R/L = 1.0/0.2). After 1 mo of postoperative follow-up, the vision of the left eye had improved to 1.0, without restricted ocular



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Figure 2 The imaging material about globe luxation. A-C: Computed tomography; D and E: Magnetic resonance imaging, obvious proptosis of the left globe and gas accumulation in the superior intraconal space and stretching of the extraocular muscle; F: From the magnetic resonance angiography excluded carotid cavernous fistula.

movement and no signs of infection (Figure 1E). The patient has undergone 48 mo of follow-up, with satisfactory cosmetic and functional results. However, the visual acuity of his right eye was 0.2 due to nearsightedness (optometry: spherical equivalent of 1.25 D), and the axes of his eyes were oculus dexter: 23.66 mm and oculus sinister: 23.24 mm (measured on June 4, 2021) (Figure 1).

DISCUSSION

Globe luxation rarely occurs and is often caused by direct orbital trauma with fractures of the medial and floor walls displacing the globe into the paranasal sinuses[1]. In our case, the boy experienced globe luxation when his tricycle stopped suddenly and did not have any other facial injuries. He did not remember whether he hit his head on any hard surfaces, such as the handlebar; thus, we believed that his globe luxation may have been caused by a sudden deceleration force while the eye maintained a high speed, which caused the orbit to stop suddenly after hitting a hard object of the tricycle. We found it interesting that globe luxation is often caused by severe trauma, which leads to severe orbital fractures and intraconal retrobulbar haematoma; however, the injured eye of this boy completely recovered, and the vision of the injured eye remained at 1.0, whereas the other eye was nearsighted. In this case, the pathogenesis, outcome and prognosis of globe luxation requires further study and discussion.

Globe luxation is often accompanied by different degrees of optic nerve avulsion, which is associated with prognosis[2]. In this case, the boy kept his optic nerve intact and completely recovered his visual acuity, which was consistent with the cases reported by Ramstead *et al*[3] and Müller-Richter *et al*[4]. It can be concluded that patients with globe luxation (but without optic nerve avulsion) have an increased possibility of achieving complete visual recovery. Moreover, immediate surgical management must be emphasized; once the possibility of other diseases is ruled out, every attempt should be made to anatomically reposition a displaced globe as soon as possible[5]. Treatment delays will increase the risk of complications, such as oedema and strain on the optic nerve and central retinal artery over time, especially in those patients with optic nerve avulsion[6].

When globe luxation occurs, the EOM can be injured as well, depending on the degree of trauma. The medial rectus is most commonly affected, followed by the inferior rectus, which often severely restricts eyeball movement[7]. Luckily, in our case, the EOM of the boy was only stretched. After globe repositioning, there was no proof of EOM injury; the movements of the globe were not restricted to any degree in any direction, and his eye function consistently remained good. After four years of follow-up, the visual acuity in the injured eye remained at 1.0, whereas the right eye had unexpected myopia. We are unsure how this result occurred. Myopic development is associated with stress imposed on the globe by the lids and EOM. Extraocular muscle forces may temporarily distort the eyeball; over time, such distortion may become permanent and lead to myopia[8,9]. Moreover, Li *et al*[10] demonstrated that the development of staphyloma in patients with a high degree of myopia is related to EOM displacement. Therefore, we may reasonably infer that after the EOM was stretched, its flexibility was decreased, which may reduce the stress imposed on the eyeball by the EOM, thereby reducing the distortion to some degree. Furthermore, the ciliary muscle plays an important role in regulating the lens; after luxation, the blood circulation in the ciliary may be changed, which may have a relaxing effect in the ciliary, thus reducing the incidence of myopia[11]. Of course, we cannot exclude that the boy may have taken more care of the left eye after it was injured; however, we believe that the use of both eyes was equal. It may be possible that both eyes were myopic, but that one of them exhibited more severe myopia. However, it is difficult to understand why the injured eye consistently remained good, even though the other eye was myopic (spherical equivalent of 1.25D).

CONCLUSION

In our case, globe luxation was not as severe as what has been previously reported, and luxation occurred when the boy's tricycle stopped suddenly. The boy maintained an intact retinal nerve and EOM and completely recovered after eye repositioning. According to this case, we believe that immediate surgical management must be performed, especially for patients with retinal nerves that are not severely injured. In addition, we hypothesize that there may exist some correlation between globe luxation and myopia; globe luxation may prevent nearsightedness by reducing the distortion of the eyeball and improving ciliary function.

FOOTNOTES

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