

Eyelid Injury During Breast Feeding

The frequency of injuries to the eye in children is remarkably high (20-25%)(1). Among the common objects of trauma are stones, toy guns, arrows, sticks, balls(2). Canalicular and lid lacerations can occur as a result of shearing or ripping wounds of the lids with hook like devices or teeth.

A one-year-old child was brought to the casualty with bleeding from the right eye. The mother reported that she had just then breast fed the child and while doing so her blouse hook had possibly got caught in the lid. On examination, there was full thickness tear of the right lower lid involving the canaliculus. The rest of the eye was normal. An immediate repair of the tear was performed (*Fig.*).

A four month old infant, was brought with similar injury to the left lower lid. The mother reported that the child suddenly started crying during breast feed. She then realised that the lid had probably been injured by her blouse hook.

The two cases are interesting in that they represent an unusual and hitherto unreported mode of trauma-tear of the lower lid by blouse hook, during breast feeding. The possible mechanism of injury may be that the mother breast fed the infant with the blouse unbuttoned. The hook engaged the lower fornix and with slight movement of the child's head or change in position of the mother, it ripped the lid leading to a



Fig. Right Lower Lid Tear Involving Canaliculus (Post-operative photograph).

full thickness tear. This is particularly possible when the hook is bent or distorted.

Lid tears although not usually sight threatening may result in intractable epiphora particularly when they involve the canaliculus. This unusual mode of trauma should be kept in mind in young infants as the mother may be unaware of the nature of injury.

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Caffey's Disease in Twins

Infantile cortical hyperostosis known as Caffey's Disease is a rare disorder of unknown etiology. Many reports came out in medical literature, and the largest series in India was published by me in 1976(1). But the disease occurring simultaneously in identical twins is hitherto unknown, and therefore is being reported for medical interest.

A well-to-do Bengalee housewife of 24 years delivered normally after an uneventful antenatal period twin female babies in a nursing home after a 34 week-gestation at an interval of about 5 minutes. The earlier one weighed 2 kg, and the latter 1.5 kg. They grew normally on tinned milk till 15 weeks of age when both of them presented with fretfulness, fever (101-102°F), and a diffuse firm swelling on the right chest. The babies weighing 4.5 kg and 4 kg, respectively looked pale and were crying shrilly on being examined. In each of the babies a diffuse swelling-wooden hard, tender, without superficial redness or local rise of tem-

perature, covered almost whole of the right chest, more extensive in the heavier one. Some leucocytosis (18600 and 16250, respectively), mild anemia (Hb 10.8 mm³ and 10.2 g/dl, respectively), and moderately elevated ESR (35 mm and 38 mm/h, respectively) were recorded in both of them. A clinical diagnosis of Caffey's disease was made.

Radiological skeletal survey in each of the babies revealed thickening and irregularity in outline of the ribs on the right side, increase of bone density of the affected ribs, and appreciable thickening of adjacent soft tissue. The involvement was more pronounced in the heavier baby who in addition also showed somewhat thickened irregular outline of the mandible with slight thickening of the soft tissue around (Fig. 1). The radiological findings were consistent with clinical diagnosis (Figs. 1 & 2). Only paracetamol drops produced clinical improvement in both the babies within a week.

Caffey's Disease, though reported widely in medical literature, still remains enigmatic. Some reports of familial occurrence of the disease are interesting(3), but the disease occurring in both the babies at

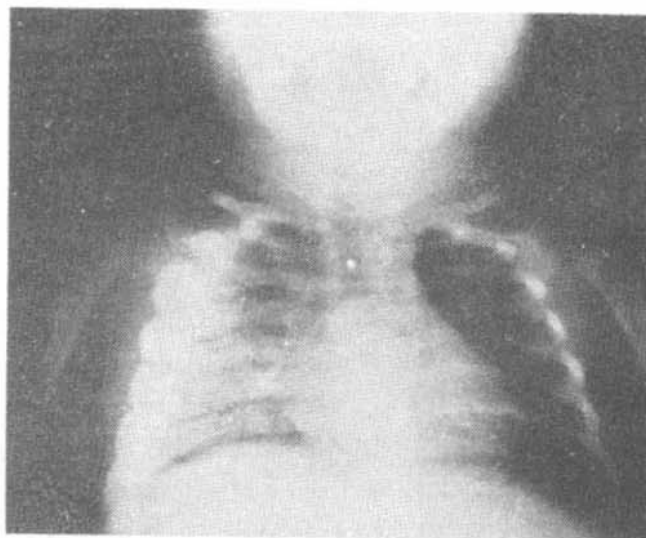


Fig. 1. Caffey's Disease in Twins