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Should Ophthalmologist ever opt for Mutilating Operations like Evisceration, Enucleation and Exenteration?

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Purpose: To determine the number and demographic pattern of patients requiring evisceration, enucleation and exenteration. To reevaluate the indications for evisceration, enucleation and exenteration in our set up. Design: Hospital based retrospective case study. Period: From December, 2000 to November, 2002 at Khyber Institute of Ophthalmic Medical Sciences (KIOMS), Peshawar. Results: One hundred and twenty four patients required mutilating surgeries (1.99%) out of a total admission of 6210 during the period between December 2000 and November 2002. Of this 67 eyes were eviscerated, 37 needed enucleation and 10 patients required exenteration. The most common indication for evisceration was postoperative panophthalmitis, 31 cases (46.26%), followed by trauma, 19 cases (28.35%) and corneal ulcer, 17 cases (25.37%). The most common age encountered was 60 years plus, 35 cases (52.23%). Thirty-seven eyes required enucleation. The most common indication was painful blind eye in 13 cases (35.13%), followed by retinoblastoma in 10 cases (27.02%) and trauma in 8 cases (21.62%). The mean age was less than 15 years in 19 cases (51.35%) followed by 10 cases (27.02%) having age above 40 years. Male patients 21 (56.75%) out numbered female 16 (43.24%). Another 10 cases had exenteration. Squamous cell carcinoma arising from the conjunctiva was the most common indication for exenteration 4 cases (40%), followed by Basal cell carcinoma of the eyelid arising from medial canthus 2 cases (20%). Malignant melanoma of conjunctiva, malignant melanoma of eyelid, herpes zoster ophthalmicus with orbital necrosis, mucormycosis, each contributed 1 case (10%). The mean age at presentation was above 60 years (9 cases (90%)). Males and females were equally affected. Conclusion: Eviscerations, enucleation and exenteration are indeed mutilating procedures. However, they are still resorted to inorder to save the other eye, relieve the patient from agonizing pain or save the life of the patient.