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EVISCERATION TO VISUAL ACUITY - FINDING VISION IN UNEXPECTED PLACES

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Ocular trauma remains a formidable challenge in ophthalmic practice, not only due to the structural damage it causes but also because of the unpredictability of functional outcomes. Eyes presenting with open-globe injuries and media opacity are often deemed unsalvageable, and the decision to eviscerate is taken based on initial visual impression and clinical findings. However, in certain cases, preservation of the globe and timely posterior segment intervention may yield surprising visual recovery, even when the initial prognosis appears dismal.
We present a case of a young male who sustained a severe blunt ocular trauma and was advised evisceration on 2 previous consultation elsewhere. The patient visited us with a hope for globe preservation.

On examination, the patient exhibited total corneal opacity, doubtful perception of light (PL), and inaccurate projection of rays (PR) in all quadrants. There was no view of the posterior segment, as the media was densely hazy.
First Surgery :-
A primary corneal repair was undertaken as the first surgical step to restore globe integrity. The perforation was sutured with preservation of globe contour, and the anterior chamber was reformed. Postoperatively, despite persistent central and inferior corneal opacity, a small superior clear corneal zone was noted during recovery.
Second Surgery (Two Weeks Later) :-
As the anterior segment inflammation subsided, a superior 2–3 clock-hour clear corneal window was identified, allowing partial visualization of the posterior segment. B-scan ultrasonography revealed total retinal detachment with vitreous hemorrhage. Given the globe integrity, presence of the superior window, and patient's strong preference for globe preservation, a second surgery was planned for posterior segment intervention.
A 360-degree encirclage was performed to support the sclera. This was followed by pars plana vitrectomy (PPV) under PFCL assistance. Multiple retinal breaks were identified and treated with endolaser photocoagulation. The surgery was completed with silicone oil tamponade.
Throughout the procedure, visualization was achieved solely through the superior clear corneal zone.

At four weeks follow-up, the silicone-filled globe remained anatomically stable. Retina was found to be attached and a vision of 6/60 was noted through a superior clear corneal window in a silicon filled eye.

This case teaches us that not all traumatised eyes are doomed. When we choose repair over removal, and when we trust imaging, timing, and surgical judgment — we can find vision in the most unexpected places. Early intervention, layered planning, and faith in the healing process make all the difference.