

Očesna plastična kirurgija, Thursday, May 15 2025, 18:00-19:00

Location: dvorana Grandis

Session: Očesna plastična kirurgija / Oculoplastic surgery

Chairs: Gregor Hawlina and Levin Vrhovec

OR-018

Zipper injury of the upper eyelid in a child; literature review and a case report

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Zipper injuries with skin entrapment are rare in ophthalmological practice. More often, but still rarely, such injuries are encountered by urologists and surgical emergency departments. The most frequently described injuries are skin injuries of the penis and scrotum. Patients are most often young children or boys, intoxicated adults and mentally handicapped and elderly suffering from movement or cognitive disorders. These types of injuries due to skin entrapment by a zipper require a technique for safe and rapid release of the trapped tissues to prevent further complications. Due to their rarity, both the patient and the doctor are exposed to stress in the event of such an injury. Various techniques for releasing the zipper, such as cutting, pulling and twisting, have been described in the literature. The most commonly used technique is cutting the middle bar of the zipper. Another frequently used method is gently pulling the lubricated zipper to release the skin. Other techniques include twisting a small flathead screwdriver between the two faceplates of the zipper to widen the gap or using trauma scissors or a needle holder to remove the teeth; however, these have the risk of damaging the entrapped skin. In the literature comparing different techniques for removing skin from zippers, lubrication with lubricant was the most common and successfully described method. Two cases of upper eyelid skin entrapment have been described in the PubMed database, both in children.

We present a case of a 7-year-old girl who came to the emergency department with her upper eyelid entrapped in a zipper. The accident occurred while she was dressing her jacket over her head. The girl was distressed, frightened and in pain. After discussion and agreement with the girl and the mother, we decided to extract the zipper under topical anesthesia with lubrication and an attempt to open it. The zipper was successfully removed without additional skin damage. The muscles of the upper eyelid were not affected. The entrapped skin recovered without visible consequences after using topical therapy.

Poškodba zgornje veke z zadrگو pri otroku; pregled literature in prikaz primera

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Poškodbe z vkleščeno kožo vek v zadrگو so v oftalmološki praksi redke. Pogosteje, vendar še vedno redko, se s takšnimi poškodbami srečujejo urologi in kirurške urgentne ambulate. Najpogosteje so opisane poškodbe kože penisa in skrotuma. Pacienti so najpogosteje mlajši otroci oz. fantje, intoksicirani odrasli moški ter duševno manj razvite osebe, starejši moški, ki trpijo za posledicami ovirane gibljivosti in kognitivnega upada. Te vrste poškodb zaradi ukleščanja kože z zadrگو zahtevajo tehniko za varno in hitro sprostitve ukleščenih tkiv, da preprečimo nadaljnje zaplete. Zaradi svoje redkosti sta tako bolnik kot zdravnik v primeru takšne poškodbe izpostavljena stresu. V literaturi so opisane različne tehnike za sprostitve zadrge, kot so rezanje, vlečenje in zvijanje. Najpogosteje uporabljena tehnika je rezanje srednje prečke zadrge. Druga pogosto uporabljena metoda je nežno vlečenje namazane zadrge, za sprostitve ujete kože. Druge tehnike opisujejo sukanje majhnega ploščatega izvijača med obema sprednjima ploščicama zadrge, z namenom, da se poveča režo - vendar obstaja tveganje za poškodbo ujete kože. V literaturi, ki je primerjala različne tehnike odstranjevanja ujete kože iz zadrge, je bilo mazanje z lubrikantom najbolj pogosta in uspešno opisana metoda. V bazi PubMed sta opisana dva primera ujete zgornje veke v zadrگو, oba pri otroku.

Predstavljamo primer sedemletne deklice, ki je prišla v urgentno ambulanto z zgornjo veko ujeto v zadrگو. Nesreča se ji je zgodila med oblačenjem oz. slačenjem zaprte jakne čez glavo. Deklica je bila prestrašena in relativno bolečinsko prizadeta. Po pogovoru in strinjanjem obeh z mamo smo se odločili za odstranjevanje zadrge v topični anesteziji z lubrikacijo in poskusom odpiranja. Zadrگو smo uspešno odstranili brez dodatne poškodbe kože. Mišice zgornje veke niso bile prizadete. Vkleščena koža se je po uporabi topične terapije obnovila brez vidnih posledic.