
Authors' reply to Martínez

I read the comments of Dr Martínez, and he has given us a good hint about the management of transorbital brain injuries. He emphasized the importance of history taking and initial inspection of the orbital wound even after what appears to be trivial injuries. Vascular injury or intracranial infection should also be kept in mind for possible delayed complications.

Recently, a baby with transorbital brain injury was encountered. A 14-month-old boy had severe vomiting after falling down accidentally from the bed. Minimal bleeding from his right eyelid was noted. No detailed information about the insult could be obtained from his parents. No altered consciousness or focal neurologic deficit was found. Minimal redness over the right upper conjunctiva was noted on ophthalmologic examination. Brain computed tomography showed

a penetrating path with hemorrhage from the right orbital roof into the right frontal lobe and into the genu of the corpus callosum (Figure 1). Fortunately, the boy made a full recovery without any neurologic deficits.

Transorbital brain injuries should always be kept in mind in patients who have been injured with penetrating objects more than 2 inches in length, as suggested by Dr Martínez. In addition, for patients without a clear history about the orbital trauma, especially in the pediatric group, a CT scan should be requested for possible serious intracranial events.

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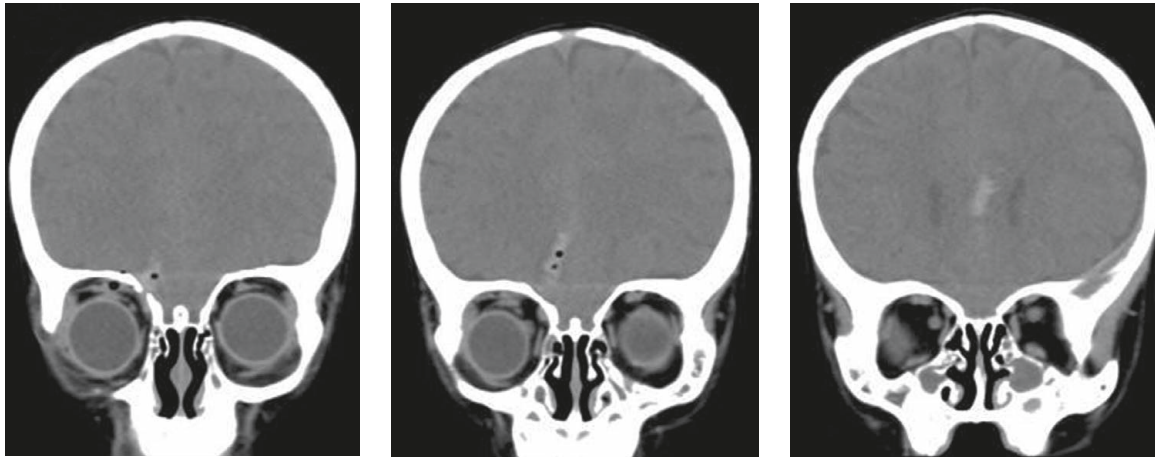


Figure 1. Coronal CT scan shows a tiny bony fracture of the right orbital roof and a penetrating path from the orbital roof into the right frontal lobe and corpus callosum. Some intracerebral hemorrhage and air bubbles were also noted along the trajectory.