

# Case of the day

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Figure 1

**M**r FB, a 16 year old male patient attended the casualty department on a Friday night with an orbital stab wound. The laceration on the lateral aspect of his (L) orbit was cleaned, sutured and dressed. The patient was then sent home.

The following morning the patient returned complaining of a headache.

The plain x-rays revealed the findings found in Figure 1. The knife blade extends from the (L) temporal bone, through the posterior aspect of the orbit, and ends posteriorly across the mid-line in the region of the sella turcica.

The patient was then referred to the Pretoria Academic Hospital.

On examination the patient was fully conscious and orientated (Glasgow 15/15). His vision was intact but there was total loss of the left 4th nerve (loss of function of the left superior oblique muscle). There was some peri-orbital swelling. The pupils were normal in size and reacted to light.

## Computed tomography findings

Refer to Figures 2 and 3.



Figure 2

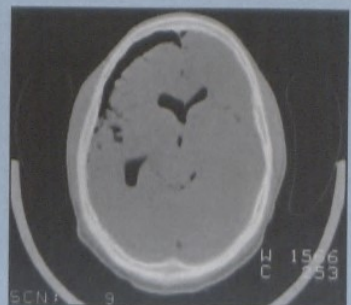


Figure 3

Proptosis (L) eye

Knife blade (L) orbit, superior to the (L) optic nerve, anterior and up against the orbital wall, through the cribriform plate, 1 cm across the mid-line, superior to the optic nerve.

Pneumocranium and air in the ventricular system and cistern.

## Cerebral arteriogram

Refer to Figures 4 and 5.

Tip of knife blade passed over (L) carotid artery displacing it inferiorly in the region of the siphon. The (R) carotid artery is displaced laterally. No extravasation of contrast.

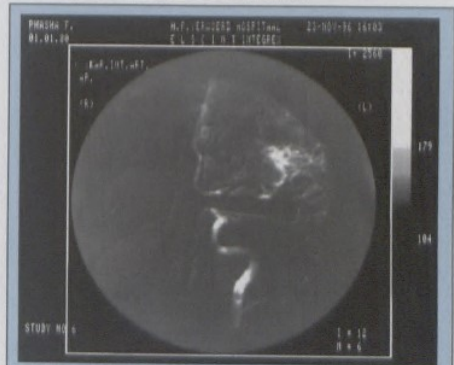


Figure 4



Figure 5

At operation the knife blade point was found to reach the sella turcica, but there was no bleeding. The blade was removed and besides the mild meningitis which developed, the patient responded well to treatment and was discharged in a fit condition.