

## Bilateral ankyloblepharon following traditional eye medication use- case report.

Omotoye J Olusola<sup>\*</sup>, Ajayi A Iyiade, Salami T Kayode

Department of Ophthalmology, Ekiti State University Teaching Hospital, Ado Ekiti, Ekiti state, Nigeria

### Abstract

Traditional ocular medicines are reported to be responsible for 8-10% of corneal blindness in Africa. The sequelae might not be reversible or very expensive to manage.

We present a 22 year old unemployed female who was bilaterally blind and was unable to open both lids for 5 years following her visit to the traditional healer where she applied traditional eye medications to both eyes in a community in South western part of the Nigeria. On examination, we found a generalized depressed young girl with total Ankyloblepharon bilaterally. We found it difficult to assess the visual acuity due to Ankyloblepharon in both eyes. A restorative Adhesiolysis with keratoepitheliectomy was done.

**Conclusion:** A restorative eye surgery was done to make the patient see again after 5 years of despondency following traditional eye medications use. Irreversible blindness arising from complications of toxic eye medications must be prevented through awareness eye campaign programme by eye care providers.

**Keywords:** Blindness, Eye, Traditional, Medication.

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### Introduction

Traditional eye medication is an unorthodox practice carried out by many to treat their eye problems despite toxic effects resulting from this practice. Traditional ocular medicines are reported to be responsible for 8-10% of corneal blindness in Africa. One of the reasons why both the traditional healers and the patients engage in this practice is that they believe the substances are more potent than the orthodox medications [1]. Reports from North America showed that people seek treatment from traditional healers or use home-made remedies such as 'Vick Vapour rub' in Haiti or 'Sugar solution' in Nigeria for red eyes which result in corneal ulceration and loss of vision.

Unfortunately, the sequelae might not be reversible. A study in Benin, Nigeria reported 54.8% of patients had ocular complications from the use of TEM. Bilateral blindness was reported in Osahon study. This cause of needless blindness must be tackled head long to reduce the burden and psychosocial effects of blindness in developing countries [2].

### Case Presentation

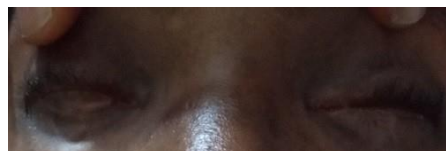
We present a 22 year old unemployed female who presented with inability to open both lids for 5 years following her visit to the traditional healer where she applied some traditional eye medications in a community in South western part of Nigeria. The problem started with few days history of generalized rash and maculo-vesicular eruptions with eye discharge following the use of Sulphonamide group of drug [3]. The patient applied all sorts of herbal medications and toxic eye medications including urine without improvement. She decided to visit the nearby General Hospital which had no Ophthalmologist or any

eye care giver and was then subsequently taken by the caregiver to the herbalist where she spent some days following which she was unable to open both eyes.

On examination, we found a generalized depressed young girl with total Ankyloblepharon bilaterally. Figure 1(a)

She was scheduled for surgery after results of investigations (Fasting blood sugar 5.0 mmol/litre, Packed cell volume(pcv) 37% Total White Blood Cell  $8.0 \times 10^9$ , Platelet count  $206 \times 10^9$  Sodium 133.9 mmol/litre, Chloride 96 mmol/l, Potassium 4.1 mmo/litre Urea 2.8 mmol/litre, Creatinine 66.4 mmol/litre value) were reviewed to be normal. Retroviral screening done was negative [4].

At surgery which was done under local anaesthesia, complete Ankyloblepharon, Symblepharon and Corneal opacity were observed in both eyes. Adhesiolysis with keratoepitheliectomy was done and patient was placed on intravenous Ciprofloxacin, analgesic and maxitrol ointment. She is presently on daily rodding. The patient is presently ambulating with uncorrected visual acuity of light perception in the right eye and 6/60 vision in the left eye. Figure 1(c).



**Figure 1 (a).** Pre-operative findings: Bilateral ankyloblepharon.



**Figure 1(b).** Ankyloblepharon, symblepharon with corneal opacity.



**Figure 1(c).** Post-operative findings at one week.

## Discussion

In Africa, an average of one Ophthalmologist per million is reported to be available for the various eye problems of the people [5]. This in addition to the fact that most rural areas do not have eye care facilities and the few eye facilities in the cities are reported to be expensive. All these factors make it extremely hard for the poor rural dwellers to access eye care services. Therefore, they are left with alternative eye care with all its injurious eye complications which in some cases might not be reversible or very expensive to manage. This young unemployed patient unfortunately fell into this category. The patient presented with bilateral blindness resulting from the use of traditional eye medications. Use of traditional eye medications is a cause of both uniocular and bilateral blindness as reported in many studies. We were able to salvage some vision in both eyes through restorative eye surgery. This was achieved through the use of microsurgical dissections with kerato-epitheliectomy of the affected corneal using crescent knife [6]. This was similar to some other studies where blindness was reduced after treatment but most of these had only medical treatment for patients. Some patients with severe complications might have evisceration of the affected eye. This pathway to irreversible blindness must be prevented by all concerned eye care practitioners.

The recommendation of integrating the alternative healers to the primary eye care centre as earlier reported in order to limit the eye hazard from the practice can also be adopted. The main preventive step is to promote eye care awareness campaign programme through mass media, social media and use of town criers in all these rural settings [7]. Early presentation to the

eye care facilities when there is any eye problem should be part of the message. Government should commence health insurance policy at all levels of health facilities for all her citizens both at the state and local government levels. This will help in achieving Vision 2020 goals in year 2020 in the country [8].

## Conclusion

A restorative eye surgery was done to make the patient see again after five years of despondency following traditional eye medications use. Irreversible blindness arising from complications of toxic eye medications must be prevented through awareness eye campaign programme by eye care providers.

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## \*Correspondence to

Dr. Omotoye Olusola Joseph

Department of Ophthalmology

Ekiti State University Teaching Hospital

Ado Ekiti

Ekiti state, Nigeria

E-mail: layoshol@yahoo.com