



Editorial

Clinical spectrum and profile of circumstantial stress induced ocular trauma in complete COVID lockdown attending tertiary eye care services

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1. To the Editor

Our data provides the current pattern of clinical spectrum and profile of ocular trauma, attending tertiary emergency eye care services in complete COVID lockdown period. About 31.14% (19/61) of all cases presenting to ophthalmic emergency (mean age 25.94 ± 14.95 and male: female ratio 16:3) in the enforced complete lockdown period from 25 March to 30 April 2020 were of circumstantial ocular trauma shown in Table 1 and 52.63% (10/19) of them required surgery due to severe ocular injury. Open globe: Closed globe injuries were 21.05%: 68.42% respectively with 10.52% cases had lid lacerations. Clinical spectrum of circumstantial ocular injury inflicted in COVID lockdown phase is graphically represented in Figure 1.

Table 1: Clinical profile of ocular trauma presented in Complete COVID lockdown

Mode of injury	No of patients
Fall on ground	1
TV Remote	2
Dish bowl	1
Toy	1
Broom stick	4
Door knob	1
Bed corner	1
During Mopping	2
Ball	2
Hand nail	2
During exercise	1
Book cover	1

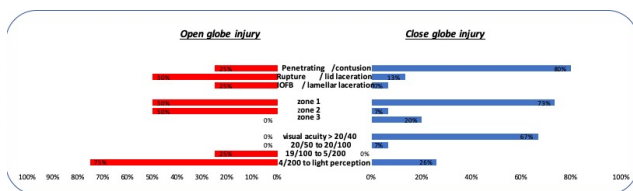


Fig. 1: Comparison of open globe versus close globe injuries sustained is represented as tornado graphically, in complete COVID lockdown attending tertiary eye care services.

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2. Discussion

Most of the patients who sought health care facilities were adult males and had history of watching COVID related information on social media, news for more than 6 hours in a day with added anxiety and restlessness. More than half of the ocular trauma were of severe nature, required surgical repair resulted from compromised biological, cognitive and behavioral response under influence of constant threat, social withdrawal in lock down phase, suggesting COVID related stress behave as an impediment to ponder the

performance of daily activity and level of attention.

Injuries sustained to the eye was due to composite mechanism of mechanical and non -mechanical factors attributed to the extra ordinary stressful situation, feeling of physical and emotional drained and shattered sense of security to acknowledge potential source of injury, made them fragile and vulnerable to the trauma. This is aggravated by round-the-clock news and social media coverage on COVID and its related information that implies constant bombardment with horrific images of tragedy, suffering, and loss almost the instant they occurred anywhere in the world. Repeated exposure of these utterance overwhelmed nervous system and created traumatic stress just as if they experienced the event first-hand.¹ It's in fact, continuous stress and elevated cortisol levels that negatively impact the eye and brain harmony due to autonomous nervous system imbalance and vascular dysregulation as proposed by Bernhard et al.² Attenuating this adrenaline level and releasing endorphins by doing exercise can actually help to repair our nervous system,³ fever overthinking and cope up COVID stress.

Hence, we realized that COVID stress (and certain personality dispositions) is the appreciated factor exacerbating ocular trauma in least anticipated circumstances of injury during COVID lockdown phase.

3. Source of Finding

None.

4. Conflict of Interest

None.

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