

Original Article

Patterns of ophthalmic emergencies presenting to a referral hospital in Medina City, Saudi Arabia

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Abstract

Background: Data were required on ophthalmic cases that present to the emergency eye clinics in Madinah, Saudi Arabia, for proper allocation of healthcare resources.

Objectives: To determine the frequency and various diagnoses of patients presenting to the A&E at Ohud Hospital, Madinah, Saudi Arabia.

Methods: Data were collected prospectively for all patients who presented to the A&E from June 2014 to September 2014. The data were analyzed and presented using frequency number and percent. Chi-square tests were used to evaluate the diagnoses based on age, sex and nationality. $P \leq 0.05$ indicated statistical significance.

Results: The study sample is comprised of 868 patients. The male-to-female ratio was 1.1:1.0. The main age characteristics were 256 patients ≥ 45 years of age and 251 patients between the ages of 15–30 years. Conjunctivitis was the most common diagnosis, reported in 282 (32.5%) patients followed by dry eye in 156 (18%) patients and nasolacrimal duct obstruction in 156 (18%) patients, lid infections in 102 (12%) patients, and corneal abrasion in 102 (9.3%) patients; eye trauma was diagnosed in 30 (3.5%) patients, ruptured globe in 2 (0.2%) patients, abnormal intraocular pressure (IOP) in 17 (2%) patients and various other non-emergency pathologies in the remaining eyes. There were no significant differences in patient's characteristics and categories of diagnoses.

Conclusion: Non-emergent ophthalmic cases were the most common reason for the ophthalmology emergency room visits. These cases could be referred to outpatient departments and/or potentially be managed by primary healthcare providers. This would be more cost effective and allow for better management of life and vision threatening ocular emergencies.

Keywords: Ocular emergency, Trauma, Medina

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Introduction

Ophthalmic emergencies include conditions that involve sudden threats to the visual system that if left untreated

can lead to permanent visual loss and/or severe threats to the life or visual function of the patient. Ohud Hospital in Madinah, Saudi Arabia, is a specialized center for Eye and Ear, Nose and Throat emergencies that serves Madinah city

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and the surrounding rural region. The Ophthalmology Emergency Department at Ohud hospital provides 24 h, 7 days-a-week dedicated eye emergency care to patients whose regular ophthalmic provider is not readily available. The ophthalmology unit provides care for many different types of urgent and emergent eye problems on a walk-in basis.

Ocular trauma has recently been highlighted as a major cause of visual morbidity.¹ Despite the fact that the eyes represent only 0.27% of the total body surface area and 4% of the facial area, they are the third most common organs affected by injuries after the hands and feet.² The World Health Organization (WHO) Program for the Prevention of Blindness, suggests the following: 55 million eye injuries restricting activities more than one day occur each year, and 750,000 cases will require hospitalization each year, including some 200,000 open-globe injuries; there are approximately 1.6 million blind from injuries, an additional 2.3 million people with bilateral low vision from this cause, and almost 19 million with unilateral blindness or low vision.³ Hence, ocular trauma is the most common cause of unilateral blindness.³ People are at different risks for eye injuries, depending on their activities, jobs and the protective equipment that they use. Apart from trauma-related injuries such as corneal abrasion, foreign bodies and penetrating globe injuries, other eye emergencies such as glaucoma are also of high importance, and the outcome of the disease severely differs if treated in a timely manner.⁴

A previous study from Riyadh, Saudi Arabia, of ophthalmic cases presenting to the A&E concluded that the majority of cases were non-emergent and could be handled by outpatient clinics.

However there are yet no data on ophthalmic emergencies from the region that is served by Ohud Hospital. This study analyzes the pattern of ophthalmic emergencies presenting to over a 4-month period documenting the frequency and characteristics of ophthalmic cases attending the A&E at Ohud Hospital. To our knowledge, this is the first study to document ophthalmic emergencies at this hospital and the region.

Methods

A cross-sectional survey was performed from June 2014 to September 2014 at Ohud hospital, Al-Madinah Al-Munawwarah, Kingdom of Saudi Arabia.

An interviewer-administrated questionnaire was used to collect data from all the patients who attended the ophthalmology A&E at Ohud Hospital during the study period. The interview script was divided into 2 categories:

- (1) Personal data including the patient's age, gender and nationality.
- (2) Present and past ocular history including source of referral, presenting complain, history of previous attendance and history of ocular surgeries. The data were obtained by asking patients open-ended questions.

A chart review was performed to collect other data including, the attending physician, and category of diagnosis, provisional diagnosis and treatment. The diagnoses were

divided into three categories: trauma, inflammatory and infectious.

The ethics committees at the Hospital approved this study. Each potential subject for the study received a thorough explanation of the purpose of the study. All potential subjects in the study were told that the enrollment is voluntary and whether they decided to participate or not would not affect the quality of healthcare provided. This study adhered to the tenets of the declaration of Helsinki.

Statistical analysis

The data were analyzed using SAS version 8.2 (SAS Institute Inc., Cary, NC, USA). The data collected were analyzed and presented using frequencies, numbers and percent. Chi-square tests were used to compare the diagnosis based on age, gender and nationality. Statistical significance was indicated by $P \leq 0.05$.

Results

During the period from June 2014 to September 2014, a total of 868 patients were assessed at the emergency eye clinic at Ohud Hospital. Patient demographics, diagnosis,

Table 1. Demographics, ocular characteristics and history of patients who presented to Ohud Hospital with ocular emergencies.

Characteristics*	Number of patients (N = 868) (%)
<i>Age in years</i>	
≤5	66 (7.6)
>5–15	129 (14.9)
>15–30	251 (28.9)
>30–45	166 (19.1)
≥45	256 (29.5)
<i>Gender</i>	
Male	455 (52.4)
Female	413 (47.6)
<i>Nationality</i>	
Saudi	665 (76.6)
Non-Saudi	203 (23.4)
<i>Presenting complaints</i>	
Pain	218 (25.1)
Redness	163 (18.8)
Swelling	59 (6.8)
Pain, redness and swelling	226 (26.0)
Tearing	29 (3.3)
Decreased vision	44 (5.1)
Floaters	3 (0.4)
Flashes	2 (0.25)
Itching	42 (4.8)
Photophobia	11 (1.7)
Others	71 (8.2)
<i>Previous attendance</i>	
Yes	86 (9.9)
No	782 (90.1)
<i>History of ocular surgery</i>	
No	778 (89.6)
Cataract	56 (6.5)
Glaucoma	28 (3.2)
Retinal detachment	6 (0.7)
<i>Referral</i>	
Self	895 (97.3)
Hospital	18 (2.1)
General practitioners	5 (0.6)

Table 2. Distribution of ocular diagnosis and action taken at the emergency clinic.

	Number of Patients (N = 868) (%)
<i>Diagnosis category</i>	
Trauma	165 (19.1)
Inflammation	304 (35.0)
Infections	91 (10.5)
Others	308 (35.4)
<i>Professional diagnosis</i>	
Trauma	30 (3.5)
Rupture globe	2 (0.2)
Corneal abrasion	81 (9.3)
Keratitis	16 (1.8)
Conjunctivitis	282 (32.5)
Lid infections	102 (12.0)
Cataract	35 (4.0)
Glaucoma	11 (1.3)
Nasolacrimal duct obstruction	13 (1.5)
Dry eye	156 (18.0)
IOP disturbance	18 (2.0)
Foreign body	30 (3.5)
Others	92 (10.6)
<i>Attending doctor</i>	
Residents	790 (91.0)
Specialists	74 (8.5)
Consultants	4 (0.5)
<i>Action at clinic</i>	
Treatment and discharge	755 (87.0)
Admitted to hospital	26 (3.0)
Referred	87 (10.0)

ocular history, and presenting complaints, are presented in Table 1.

Approximately one third (29.5%) of the study sample was 45 years or older and less than one-tenth (7.6%) were children aged 5 years or younger (Table 1). There were more males than females (25.4% versus 47.6%, respectively) (Table 1). The majority (76.6%) of patients were Saudis (Table 1). Twenty-six percent of the attendees presented with a combination of pain, redness and swelling (Table 1). Other presenting complaints included pain in 25.1% of patients and redness in 18.8% of patients (Table 1). There were 10.4% of patients with a previous history of eye surgery mostly for cataract and glaucoma (Table 1). Almost all attendances (97.3%) were self-referred to the emergency clinic (Table 1).

There were 35% of patients with Inflammation followed by trauma (19.1%) and infections (10.5%) (Table 2). Professional

diagnosis, however, showed that conjunctivitis was the most frequent eye infection (32.5%), followed by lid infection (12%) (Table 2). Corneal abrasion was diagnosed in 81 patients (9.3%). Dry eye was professionally diagnosed in 156 patients (18%) (Table 2). Cataract was diagnosed in 4% of patients and glaucoma in 1.3% of patients (Table 2). Foreign body was diagnosed in 30 (3.5%), patients and rupture globe in 2 (2.0%) patients (Table 2). The attending doctors were residents for the majority of patients (87%). Also, the majority of patients have received treatment (local and/or systemic) and were discharged.

Table 3 presents the distribution of the study sample based on diagnosis and their socio-demographic characteristics. Although no statistically significant differences were detected, ocular trauma and eye infection were slightly higher among children 5 years or younger. Inflammation was higher in children between 5 years to 15 years and in children aged less than 5 years (Table 3). There was no statistical difference in the category of diagnosis; however, ocular trauma and inflammation were slightly higher among males (Table 3). The distribution of diagnosis by nationality was not statistically significant but, trauma was higher among non-Saudi patients and infection was higher among Saudi patients.

Discussion

Most of the cases seen at the ophthalmic A/E in Ohud Hospital were non-emergencies. A previous study of ophthalmic emergencies at KAUH, Riyadh, Saudi Arabia, in July 2010 concluded that most cases seen at ophthalmic A/E had non-urgent conditions that could be appropriately referred to outpatient departments or potentially managed by primary healthcare providers.

This study, presents the most common ocular complaints, diseases and conditions that present to the ophthalmology A&E in Ohud Hospital, Madinah, Saudi Arabia. To our knowledge this analysis has not been previously published over the months of June to September, which is the annual summer vacation between school years in Saudi Arabia. There were a relatively high number of patients (868) who presented compared to a similar study that recruited a sample of 574 patients at the University of São Paulo General Hospital in Brazil (2007, Jun 3).⁵

Table 3. Distribution by category of diagnosis and age of patients presenting to Ohud Hospital with ocular emergencies.

Parameters	Diagnosis category (number of patients) (%)				P value*
	Trauma	Inflammation	Infection	Others	
<i>Age in years</i>					
≤5	15 (22.7)	27 (40.9)	8 (12.1)	16 (24.3)	0.67
>5–15	19 (14.7)	53 (41.1)	14 (10.8)	43 (33.3)	
>15–30	51 (20.3)	86 (34.3)	26 (10.4)	88 (35.1)	
>30–45	35 (21.1)	53 (31.9)	18 (10.8)	60 (36.2)	
≥45	45 (17.5)	85 (33.2)	25 (9.8)	101 (39.5)	
<i>Sex</i>					
Male	87 (19.1)	161 (35.4)	42 (9.2)	165 (36.3)	0.65
Female	78 (18.9)	143 (34.6)	49 (11.9)	143 (34.6)	
<i>Nationality</i>					
Saudi	124 (18.6)	232 (35.0)	74 (11.0)	235 (35.4)	0.70
Non-Saudi	41 (20.2)	72 (35.5)	17 (8.3)	73 (36.0)	

* $P \leq 0.05$ is statistically significant.

We found that trauma and inflammation were slightly higher in males (52.4%) than in females. In contrast, a study from an Iranian eye referral hospital, reported a much higher attendance of males (75.6%) compared to females. The greater preponderance of males is likely due to the greater risk-taking behavior at an early age.⁸ The differences between studies could be due to different demographic characteristics of the patients and the sample size.

In our study trauma and infection were most common in children under 5 years, and inflammation was most prevalent among patients from 5 to 15 years. This observation may be due to the nature of activities at different ages. For example children under 5 years understand very little about hygiene and may be more prone to touch the lids and ocular adnexa with soiled fingers. However as children age, hygiene is learned and children being to play outside in the sandy environs of Saudi Arabia, which may predispose to more eye rubbing and greater preponderance of inflammation. We found that trauma was higher in non-Saudis and infection was higher among Saudi patients.

Conjunctivitis was the most common diagnosis (32.5% of patients). This frequency of conjunctivitis in the current study is similar to 29.4% reported in a similar study from the University Of São Paulo General Hospital, Brazil.⁶

Trauma patients in this study accounted for 19.1%, which was lower than that reported for a previous study of ocular related emergencies in central Saudi Arabia (27%). Corneal abrasion was diagnosed in 9.3% of our patients and this percentage was lower, compared to the previous study conducted in Central Saudi Arabia (19.6%).⁹

Dry eyes were seen in 18% of patients, which was higher than 6.9% reported in a study from the Ophthalmic A&E of the Royal Victoria Eye and Ear Hospital in Dublin.⁷ The difference between studies is likely due to the significantly different climate and weather difference between Saudi Arabia and Ireland.

There were 12% of patients with eyelid infections, which is similar to the 10.5% reported in a study at the University of São Paulo General Hospital.⁶

Foreign body was diagnosed in 3.5% of patients, and rupture globe was diagnosed in 2.0%. Keratitis was diagnosed in 1.8% of our patients, which was significantly lower than 17% reported in an Egyptian study.¹⁰ The differences between study despite similar weather and environmental conditions could be due to differences in the size and distribution of the study sample.

We noted that Glaucoma was diagnosed in 1.3% of our patients, and cataract in 4%. The frequencies differed from study of ocular emergencies in the Egyptian population

2011, where glaucoma was diagnosed in 5.6% of patients and cataract in 2.6% of patients.¹⁰ About 10.4% of the patients in our study had a history of eye surgery, mainly for cataract or glaucoma.

Almost all cases (97.3%) were self-referred which was much higher than in similar study from Central Saudi Arabia that reported 77.5% of patients were self-referred.⁹ In this study, 87% of patients were discharged at the first visit, which was significantly higher than the percentage reported in the study in central Saudi Arabia at 27%.⁹

The outcomes of this study indicate that strict regulatory policy implementations are required at ophthalmology A&E Ohud Hospital, Madinah, Saudi Arabia, to avoid abuse and insure proper utilization of this important emergency facility. A well-designed public education program is also required to avoid self-referrals and to promote good ocular hygiene, and proactive maintenance of a healthy eye and tear film in the region.

Conflict of interest

The authors declared that there is no conflict of interest.

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