

Open Access

Corneal Blindness in Young Population in India By Locally Made Monkey Scarer Pvc Gun

Shripat Narayan Dixit Gomabai Netralaya Neemuch (India)

Article Info

Received: May 22, 2021 **Accepted:** June 07, 2021 **Published:** June 14, 2021

*Corresponding author: Shripat Narayan Dixit, Gomabai Netralaya Neemuch (India).

Citation: Shripat N Dixit. (2021) "Corneal Blindness in young population in India by locally made Monkey scarer PVC Gun", Ophthalmology and Vision Care, 1(3); DOI: http://doi.org/05.2021/1.1013.

Copyright: © 2021 Shripat Narayan Dixit. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly Cited.

Abstract

Monkey scarer air gun is now frequently used by farmers in agriculture field to save their crops from monkeys, Blue Bull and other animals. It is a simple air gun make huge sound. It can scare any animal by its sound.

Now a days it's use has become very popular because of cheapest version of gun and its easily availability in the market.

But this gun is a curse for Eye safety and health. In India lot of reports are available in print and news media about the incidents of severe Corneal injuries resulting temporary or permanent blindness.



At our hospital we have been receiving a good number of such patients after having fire burst injury with the gun powder used in PVC gun.

Here is a case presentation of corneal injury in both eyes with Calcium Carbide powder used in PVC Gun.

A male age 25 years MRD no - 890200 visited in our emergency service with complain of pain and watering in his right eye, on examination his vision was HM and PR full. Anterior segment examination revealed severe burns of Eye lashes, lids, conjunctiva and Cornea with total epithelial defect. There were multiple foreign bodies were stuck in fornicial conjunctiva and on cornea.



Treatment:

Patient's general health examination was done and taken into operation theatre for management. He was given local anesthesia Inj Lignocaine 2% with Inj Bupivacaine

His eyes were washed with normal saline and powder debridement done with Amniotic membrane grafting at the end of the surgery therapeutic bandage contact lens put in both eyes.

On subsequent visits his both lids were temporary Tarsorrhaphy (partial lid closure) done to make the healing process fast.



Now he is having counting fingers vision in his both eyes and Corneal grafting is due in future to get his vision normal.

Acknowledgement:

My sincere thanks to Dr Reva Kanash, Dr Rohan, OT supervisor Vimla Rai, K Nagda, S banodha, Amar, Geeta, Anupriya, Deepesh, Surekha, Pinku and Nalini for their support.

Conclusion:

The lack of awareness about the eye health is one of a reason for large population of blinds in India and we can restore the vision in most of the avoidable blindness diseases with timely management. All the health care organizations should start a mission to make the rural population aware about their eye safety.