A 21-month-old male presented with a low impact fall striking his left eye against a metal stand at the market. On examination he was in no distress, had significant periorbital swelling, a dilated pupil with a sluggish pupillary response, and grossly normal extraocular movements. The initial orbital computed tomography (CT) showed a small nondisplaced fracture of the orbital roof with a fracture around the orbital apex. There was loculated air and hemorrhage within the left orbit, but the globe was intact. There was also an abnormal dense intracranial calcification along the lateral margin of the orbit.

Figure 1. Thin section reconstructed left parasagittal CT with bone algorithm shows posterior orbital roof fracture (arrow A) and posteriorly displaced bone fragment in supraclinoid location (arrow B). Intracanal air is also present (arrow C).

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In pediatric patients with head trauma involving the eye, it is imperative to keep in mind the possibility of orbital apex fractures as a potential source of optic nerve damage even in the presence of a low impact injury.

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REFERENCES