

S U M M A R Y   A N D   C O N C L U S I O N

Our study included 150 patients with haemorrhage in the anterior chamber and the vitreous cavity.

It was noticed that hyphaema is more common in children below 15 years of age while the vitreous haemorrhage was common in patients above 40 years age. Most of cases with hyphaema were traumatic while the diabetes mellitus was the most frequent cause in vitreous haemorrhage.

We grouped our patients according to the age into three main groups. Every subgroup was treated in exactly the same line of treatment except for one variable factor. The factors investigated were the effect of bed rest, the use of eye pads, antibiotics or corticosteroids, mydriatics or miotics, enzymes of fibrinolytic nature or antifibrinolytic drugs, and ocular hypotensive agents.

The results were analysed according to the speed of absorption of blood, incidence of secondary bleeding, complications, and final visual acuity.

Judging from the clinical observations the antifibrinolytic drugs (Epsikaprone) was the most effective line of treatment in preventing the dreaded complications of secondary haemorrhage at the same time increasing the rate of

absorption of hyphaema.

It was also observed that when the retina and vitreous were healthy the absorption of vitreous haemorrhage was within a few days or weeks, but in other cases the process was gradual and incomplete resulting in a significant visual damage. It was difficult to recommend a particular technique regarding the treatment of vitreous haemorrhage and most probably the absorption took place after the spontaneous lysis of the fibrin clots.