



Prva pomoć u zbrinjavanju kazuoma First Aid in Causoma Treatment

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Apstrakt

Hemijske povrede oka su po učestalosti ređe u odnosu na mehaničke, ali pošto mogu imati krajnje nepovoljan ishod, zaslužuju posebnu pažnju. Kada hemijske materije dospeju u oko, dovode do kaustičnih promena na zahvaćenom tkivu oka, pa se zato ove promene nazivaju kazome-causoma.

Prema definiciji, kazuome su povrede oka hemijskim sredstvima, pre svega kiselinama ili bazama, pri čemu najčešće stradaju strukture pomoćnog oka: kapci, vežnjača i rožnjača, ali i mogu biti zahvaćene i dublje strukture oka. Etiologija – kiseline i baze najčešće dovode do kazuoma. Od kiselina, u današnjim uslovima, najčešća je sumporna kiselina iz akumulatora, ali se sreće i hidrovodonična i sirćetna, a mnogo ređe i neke druge. Od baza danas najčešće su povrede kalcijum-hidroksidom, tj. gašenim krečom ili malterom, a znatno ređe natrijum-hidroksidom tj. živom sodom i amonijakom. Ove povrede mogu biti zadesne, pri radu u industriji, ali i namerne.

Pružanje prve pomoći podrazumeva stalno ispiranje povređenog oka, a cilj ispiranja je uklanjanje štetnog agensa iz oka, razblaženje tog agensa i skraćanje delovanja tog agensa u oku. Na mestu nezgode ispiranje se vrši običnom vodom i nastavlja se do zbrinjavanja u prvoj oftalmološkoj ambulanti gde se vrši ispiranje fiziološkim rastvorom. Ispiranje je potrebno vršiti i tokom transporta unesrećene osobe. Osim ispiranja, od velike važnosti je prevrtanje, tj. ektropija kapka da bi se olakšalo ispiranje cele površine rožnjače i konjunktive, ali i radi uklanjanja čvrstih čestica koje mogu dovesti do mehaničkih povreda.

Povređeno oko ne sme se zatvarati, niti treba stavljati prekomerno masti. Nakon adekvatne i pravilne prve pomoći, nadležnom oftalmologu će biti mnogo lakše u sprovođenju daljeg lečenja.

Abstract

Chemical eye injuries are less frequent than mechanical injuries, but since they can have an extremely adverse outcome, they deserve special attention. When chemical substances reach the eye, they cause caustic changes in the affected eye tissue, which is why these changes are called causoma.

Causoma is defined as injury to the eye by chemical means, primarily acids or bases, where the accessory eye structures are most often affected: the eyelids, iris, and cornea, but deeper structures of the eye can also be affected. Etiology - acids and bases most often lead to causoma. Of the acids, in today's conditions, the most common is sulfuric acid from batteries, but hydrogen and acetic acid can also be found, and much less often some others. Of the bases, today the most common injuries are caused by calcium hydroxide, i.e. with slaked lime or mortar, and much less often with sodium hydroxide, i.e. caustic soda and ammonia. These injuries can be accidental, during work in the industry, but also intentional.

Providing first aid involves constant rinsing of the injured eye, and the goal of rinsing is to remove the harmful agent from the eye, dilute that agent, and shorten the action of that agent in the eye. At the place of the accident, rinsing is done with plain water and continues until treatment in the first ophthalmology clinic, where rinsing is done with saline solution. Rinsing must also be done during the transport of the injured person. In addition to rinsing, tipping is of great importance, i.e. ektropion of the eyelid to facilitate the washing of the entire surface of the cornea and conjunctiva, but also to remove solid particles that can lead to mechanical injuries.

The injured eye must not be closed, nor should excessive ointment be applied. After adequate and correct first aid, the competent ophthalmologist will find it much easier to carry out further treatment.

