

Ophthalmology Research: An International Journal

17(2): 14-17, 2022; Article no.OR.90223

ISSN: 2321-7227

Chemical Injury Due to Pain Balm: Case Series

Neha Namdeo a, Nikhilesh Wairagade ao and Pradeep Tekade b*#

^a Cornea Services, Mahatme Eye Hospital Eye Bank, Nagpur, Maharashtra, India. ^b Mahatme Eye Hospital, Nagpur, Maharashtra, India.

Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

Article Information

DOI: 10.9734/OR/2022/v17i230253

Open Peer Review History:

This journal follows the Advanced Open Peer Review policy. Identity of the Reviewers, Editor(s) and additional Reviewers, peer review comments, different versions of the manuscript, comments of the editors, etc are available here:

https://www.sdiarticle5.com/review-history/90223

Case Study

Received 22 June 2022 Accepted 05 August 2022 Published 09 August 2022

ABSTRACT

Ocular chemical injuries accounts for 11.5% to 22.1% of ocular injuries. Ocular chemical burns are an ophthalmic emergency and requires immediate treatment. We report a series of three cases of chemical injury secondary to accidental exposure to red balm used as local application for headache. In our cases menthol, cajuput oil and capsaicin might have contributed to chemical injury and nerve damage. Nerve damage might have lead to delayed epithelial healing. All three patients improved completely within 1 to 3 week.

Keywords: Chemical injury; red balm; balm injury; cornea.

1. INTRODUCTION

Ocular chemical injuries accounts for 11.5% to 22.1% of ocular injuries. Ocular chemical burns are an ophthalmic emergency and requires immediate treatment. [1-5] After chemical injury, the goal of therapy is to restore a normal ocular surface and corneal clarity [6-9]. As per our knowledge no case reports of chemical injury due to red balm are reported. We report a series

of three cases of chemical injury secondary to accidental exposure to red balm used as local application for headache.

2. CASE REPORT

Three patients presented to us on different days with sudden diminution of vision, pain, redness, watering and photophobia. All three patients had history of accidental entry of red balm while

[&]quot;Medical Superintendent;

^{*}Vitreoretina Consultant;

^{*}Corresponding author: E-mail: tekadepg@gmail.com;

applying on forehead for headache. Two patients bilateral while had one had unilateral presentation. On examination all patients had decreased visual acuity with lid edema. On slit lamp examination conjunctival congestion, corneal epithelial defect and diffuse corneal edema was present. Epithelial defect was fluroscein stain positive. Rest of the anterior segment examination was normal. Intaocular pressure measured with non contact method was within normal limit in all cases (Table 1). After giving thorough saline wash, all patient were started on topical Gatifloxacin 0.3% with Prednisolone 1%, Carboxy_methyl_cellulose eye drop 1%, Atropine sulphate eye drop 1%, along bandage contact with Systemic steroids according to weight was given and tapered, systemic vitamin C 500 mg thrice a day, analgesic and antacid for 3 days were given. All three patients improved completely within 1 to 3 week (Table 1). In case 1, epithelial defect was completely healed by day 10 but stromal edema has taken 3 weeks to resolve completely. Case 2 responded very well to treatment with improvement in vision and almost showed healed epithelial defect with minimal stromal edema by day 10, complete recovery took almost 2 weeks. In case 3, stromal edema

resolved completely after 10 days, but epithelial defect had taken a long course of around 3 weeks to completely heal.

3. DISCUSSION

The chemical injury was caused by red balm in these cases which was for local application for relieving pain such as headache, joint pain. The main constituent in this balm is Menthol 20%, Oil of Gaultheria 25%, Cajuput Oil 5%, Clove Oil 5%, Capsaicin Extract 0.02%. Out of these, capsaicin related ocular chemical injuries are reported in past [6,7]. Menthol also causes ocular surface damage [8]. Both cajuput oil and capsaicin are irritant and causes ocular surface damage. Capsaicin is the principal ingredient of pepper spray. Confocal microscopic examination of the cornea after exposure to pepper spray has revealed nerve damage and keratocyte activation within the anterior two-thirds of the stroma [10]. The physiology underlying the toxic effect of capsaicin involves massive calcium entrance that leads to cell damage and functional inactivation rendering the nerve endings insensitive to further stimuli [6].

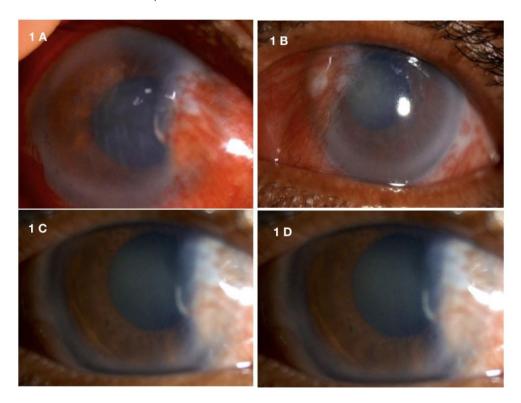


Fig. 1. Case 1
A and B Pre treatment images
C and D post treatment images

Table 1. Epidemiological profile

Age/sex	Case 1		Case 2		Case 3
_	64/Female		60/Female		62/Female
	RE	LE	RE	LE	LE
Visual acuity at presentation	CFCF	CFCF	6/60	3/60	3/60
Conjuctival congestion	+	+	+	+	+
Corneal epithelial defect	8x7mm corneal epithelial defect	7x6.5mm corneal epithelial defect	5.5x4.5 mm central corneal epithelial defect	5.5x5 mm central corneal epithelial defect	7x6.5mm corneal epithelial defect
Corneal edema	+	+	+	+	+
IOP(mmHg)	16	14	18	16	14
Duration of recovery	3 week	3 week	2week	2 week	3 week
Final visual acuity	6/60	6/60	6/24	6/36	6/12

In our cases menthol, cajuput oil and capsaicin might have contributed to chemical injury and nerve damage. Nerve damage may have lead to delayed epithelial healing. Therefore it is best to use these products cautiously to prevent chemical injury.

4. CONCLUSION

Menthol, cajuput oil and capsaicin are common constituents of red balm and causes severe chemical injuries to eye. These injuries should be treated promptly. It may require long period to heal epithelial defect and stromal edema to resolve. So it is best to prevent these accidental exposure.

CONSENT

As per international standard or university standard, patients' written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

COMPETING INTERESTS

Authors have declared that they have no known competing financial interests or non-financial interests or personal relationships that could have appeared to influence the work reported in this paper.

REFERENCES

- Sharma N, Kaur M, Agarwal T, Sangwan VS, Vajpayee RB. Treatment of acute ocular chemical burns. Surv Ophthalmol. 2018;63(2):214-235.
- 2. Singh P, Tyagi M, Kumar Y, Gupta KK, Sharma PD. Ocular chemical injuries and their management. Oman J Ophthalmol. 2013;6(2):83-6.
- 3. Fish R, Davidson RS. Management of ocular thermal and chemical injuries, including amniotic membrane therapy. Curr Opin Ophthalmol. 2010;21(4):317-21.
- Wagoner MD. Chemical injuries of the eye: current concepts in pathophysiology and therapy. Surv Ophthalmol. 1997;41(4):275-313.
- Kuckelkorn R, Kottek A, Schrage N, Reim M. Poor prognosis of severe chemical and thermal eye burns: the need for adequate emergency cave and primary prevention. Int Arch Occup Environ Health. 1995;67(4):281-4.
- Zollman TM, Bragg RM, Harrison DA. Clinical effects of oleoresin capsicum (pepper spray) on the human cornea and conjunctiva. Ophthalmology. 2000;107(12): 2186-9.
- 7. Vesaluoma M, Muller L, Gallar J, et al. Effects of oleoresin capsicum pepper spray on human corneal morphology and sensitivity. Invest Ophthalmol Vis Sci. 2000;41(8):2138-47.
- 8. Ahn S, Eom Y, Kang B, Park J, Lee HK, Kim HM, Song JS. Effects of Menthol-

- Containing Artificial Tears on Tear Stimulation and Ocular Surface Integrity in Normal and Dry Eye Rat Models. Curr Eye Res. 2018;43(5):580-587.
- 9. Davis AR, Ali QK, Aclimandos WA, Hunter PA. Topical steroid use in the treatment of
- ocular alkali burns. Br J Ophthalmol. 1997;81(9):732-4.
- Holopainen JM, Moilanen JA, Hack T, Tervo TM. Toxic carriers in pepper sprays may cause corneal erosion. Toxicol Appl Pharmacol. 2003;186:155–162.

© 2022 Namdeo et al.; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history:
The peer review history for this paper can be accessed here:
https://www.sdiarticle5.com/review-history/90223