

Discussion: These results are similar to what other studies have shown.^{6,9} It has been found that a well-designed mentoring programme is the foundation of a successful and sustainable learning organization.¹⁰ A commitment to these programs is necessary in order to create change agents that are willing to assume leadership roles and guide institutional evolution; a structured system of “matrix mentorship” and structured evaluation will advance institutional values and provide leaders with an essential set of skills and values consistent with institutional goals, causing a competitive advantage for medical centres in academic healthcare and hence sustainability.^{11,12,13}

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Pattern of Ocular and Adnexal Injuries in a Nigerian Tertiary Hospital

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Introduction: Eye injuries are defined as damage to the eyeball, its adnexae, orbital and

periorbital tissues, due to the transfer of energy of a greater magnitude than the tissues can withstand.¹ The type of injury and amount of damage sustained are dependent on the mechanism and force of the injury². Ocular and adnexal injuries are common indications for the use of ophthalmic services³. It has been implicated as the highest cause of monocular blindness in the world¹. Nwosu⁴ reported that ocular and adnexal injuries were the third most common cause of uni-ocular blindness while 64.6% of the ophthalmic emergencies presenting in an eye hospital was as a result of trauma⁵. Ocular and adnexal injuries contribute significantly to ocular morbidity and are of public health importance^{2,6}. The information on the pattern of ocular and adnexal injuries will create more means of preventing and managing these injuries.

Aim: To determine the pattern of ocular and adnexal injuries among patients presenting to Guinness Eye Centre, Onitsha.

Materials and Methods: A prospective study of all consecutive new patients presenting at Guinness Eye Centre, Onitsha with ocular and adnexal injuries for 6 months (November 2020 to May 2021). The study was approved by the Ethics Committee. Each patient was followed up for 3 months. An interviewer-administered questionnaire and examination sheet were used. Visual acuity at presentation and at follow up visits were obtained. Ocular B-scan, orbital

X-ray, and orbital computed tomography (CT) scan were requested as needed. Injury was classified and ocular trauma score calculated. Data analysis was done with alpha error set at 0.05.

Results: Eighty consecutive participants out of 7576 new patients were studied. The incidence of ocular and adnexal injuries was 1.1%. The age range was 3-83 years; mean age -26.6 ±17.98 years; 54 (67.5%) females; 26 (32.5%) males. Majority, 52 (65%) were <30 years old. Most injuries were accidental, with sharp objects (43.8%) as the major agents of injury. The most frequent activities leading to injury were play 20 (25.0%) and assault 12 (15.0%). Uni-ocular injuries were seen in 97.5%. Majority had closed globe injuries (45.0%) while (26.2%) had adnexal-only injuries. Two (2.5%) patients had bilateral involvement. Majority of injuries involved the anterior segment (63.8%) while penetrating injuries were the most frequent (68.0%). Corneal opacity, traumatic cataract and secondary glaucoma were commonest ocular complications during follow up. Participants living within 20km of the study location were significantly more likely to present within 24hrs of injury (p = 0.012). The proportion of blind eyes at presentation reduced by 13.1% as at last follow up visit, although this was not statistically significant (Table 1).

Table 1: Comparison of the final visual outcome with the presenting distance visual acuity

Category of visual impairment	Presenting Visual acuity No (%) n=80	Final Visual acuity No (%) n=76	Statistical test	Df	P value
Mild or no visual impairment (6/5 to 6/18)	33 (41.3)	36(47.4)	X ² =2.576	2	0.276
Moderate to serious visual impairment (6/24 to 3/60)	6 (7.5)	11(14.5)			
Blindness (CF, HM, LP, NPL)	41 (51.2)	29 (38.1)			

CF= Count Finger, HM= Hand movement, LP= Light perception, NP= No perception of light
Df= Degree of freedom

Conclusion: The risk of ocular injury is higher in the young and active stage of life simply because individuals at such age engage in high-risk activities. Understanding the causes and local patterns of eye injuries is crucial in developing appropriate strategies for prevention and treatment. It is thus recommended that there should be extensive creation of awareness and health education of the public on the causes of eye injuries, as well as the safety and preventive measures.

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Conjunctival Microbial Flora and Antibiotic Sensitivity in Newborns at Olabisi Onabanjo University Teaching Hospital, Sagamu, Ogun State

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Background: Micro-organisms are closely associated with the eye, forming the microbial flora of the ocular surface at birth while the inner parts of the eye remain sterile.¹ The eye is protected from invasion of these organisms by protective mechanisms on the ocular surface such as the continuous secretion of tear film containing bactericidal substances,¹⁻⁵ but any breach in the ocular surface from immunosuppression and/or trauma may predispose the eye to extraocular and/or intraocular infections.⁶ Normal ocular flora in babies is influenced by factors that differ in different individuals.⁷⁻¹² The study aimed to determine conjunctival microbial flora, organisms implicated in ophthalmia neonatorum, and antibiotic sensitivity in newborns at Olabisi Onabanjo University Teaching Hospital, Sagamu, Ogun State, Nigeria.

Methods: A total of 301 babies were consecutively recruited within the first 48 hours of life and followed up till the end of the neonatal age. Neonates who were already on topical ocular antibiotic treatment before recruitment and those with congenital anomalies involving the eyes or face were excluded. An ocular examination was done for each baby and a conjunctival swab sample was taken from the right eye. The conjunctival swab samples were subsequently sent to the laboratory for microscopy, culture, and antibiotic sensitivity. Maternal socio-clinical data (age, education, occupation, mode of delivery, any infection treated close to delivery, duration of