INTRODUCTION
This case describes hemodynamically significant AV block induced by a projectile in the orbit producing a sustained oculocardiac reflex. It illustrates a rare but treatable cause of bradycardia in trauma.

CASE DESCRIPTION
A 25-year-old man was brought to the ED with penetrating trauma to the right eye and a heart rate as low as 19 bpm. He was amnestic to his assault, unsure of what weapon had been used.

EXAM:
• OD: NLP and soft (pressure unobtainable). Complete hyphema present, and a limbal wound with uveal and vitreal prolapse.
• OS: Normal exam.

DIAGNOSIS:
• Mobitz I AV Block secondary to persistent oculocardiac reflex and intraorbital foreign body with inferior rectus impingement

TREATMENT:
• IV glycopyrrolate, atropine
• Left exploratory orbitotomy, FB removal by fluoroscopy

OUTCOME:
• Resolution of heart block with FB extraction
• Enucleation of right eye, ocular implant
• 20/20 vision in left eye, full motility

DISCUSSION
The oculocardiac reflex (OCR) is a subtype of trigeminocardiac reflex (TCR).

TCR:
• Sinus brady, asystole, nausea, GI upset
• Usually self limited
• Common in children, trapdoor fractures
• Rarely persistent, rarely due to foreign body
• Treatment: Intravenous anticholinergics

Other similar cases:
• Yang, et al – Bradycardia with forty year old foreign body
• Stathopoulos, et al – Bradycardia due to iatrogenic foreign body
• Yilmaz, et al – Bradycardia of six day duration with foreign body
• No cases of new second-degree AV Block

IMPLICATIONS
• Consider retained foreign body in cases of orbital trauma and bradycardia.
• Fluoroscopy is an effective tool for reducing surgical trauma to orbital structures when medical therapy fails.

REFERENCES