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Penetrating Facial Trauma Causing Unexpected Massive Blood Loss

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14. **ABSTRACT**

15. **SUBJECT TERMS**

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a. **REPORT**

b. **ABSTRACT**

c. **THIS PAGE**

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19a. **NAME OF RESPONSIBLE PERSON**

Clarice Longoria

19b. **TELEPHONE NUMBER (include area code)**

210-292-7141
### Classification of Hemorrhage

<table>
<thead>
<tr>
<th>Class</th>
<th>% Pool Loss</th>
<th>Exam Finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class I</td>
<td>&lt; 1%</td>
<td>None found</td>
</tr>
<tr>
<td>Class II</td>
<td>1% - 15%</td>
<td>Small hematoma, slow bleeding</td>
</tr>
<tr>
<td>Class III</td>
<td>16% - 50%</td>
<td>Rapid bleeding, expanding hematoma</td>
</tr>
<tr>
<td>Class IV</td>
<td>&gt; 50%</td>
<td>Massive bleeding, expanding hematoma</td>
</tr>
</tbody>
</table>

**Discussion:**

The case of deep within the eye leading to permanent damage is a rare occurrence. The presence of a lesion on the zygomatic bone and the consequent bleeding into the eye underscores the complexity of this injury. The immediate referral to an ophthalmologist for intervention highlights the importance of timely medical intervention to prevent permanent damage.

**Management:**

- Emergency resuscitation and stabilization
- Referral to an ophthalmologist for immediate treatment
- Monitoring for complications such as retinal detachment or blindness

**Case Presentation:**

San Antonio Uniformed Services Health Education Consortium Anesthesiology Program

Caitlin Baxter, DO, Anesthesiologist, MD, Kun Bohn, MD

Penetrating Facial Trauma Causing Unexplained Massive Blood Loss

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