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## Immediate vs. delayed surgery in paediatric white-eyed blowout fractures – a literature review and case discussion

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Paediatric 'white-eyed' blow out fractures are rare and considered surgical emergencies. These fractures can present diagnostic challenges due to lack of soft tissue injury and associated autonomic symptoms mimicking intracranial injuries. Recent studies suggest that to reduce complications rates in trap door injuries, surgical intervention should take place within 12-24 hours of the injury, thus emphasizing the importance of prompt diagnosis. Delays in diagnosis due to observation for suspected head injuries related to autonomic symptoms is still a common occurrence highlighting the need to educate emergency departments about the presentation of these injuries. We present evidence and cases in the literature of delayed referral of white-eyed blow out fractures in children to the oral-maxillofacial team of differing management strategies.

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