# The ophthalmologist's elbow: a potentially painful point of contact

BY BEN WHILE

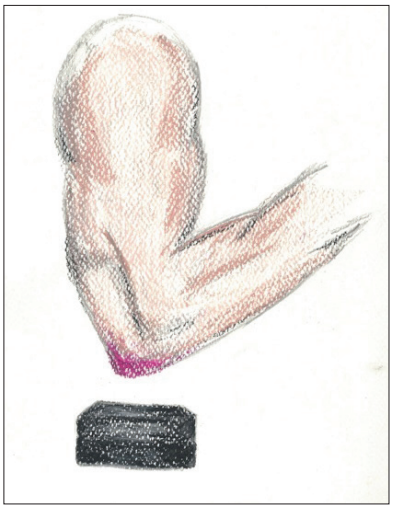
Three months ago I leant, in the customary manner, on the box of my indirect lens at the slit- lamp to examine a patient's fundus. An acute and severe pain in the tip of my elbow immediately interrupted me. I struggled on gamely but quickly diagnosed myself as having olecranon bursitis, which was not something that has ever troubled me in the past.

Olceranon bursitis is an inflammation of the bursa overlying the olecranon process of the ulna. It can be septic or aseptic, acute or chronic. It is more common in males and increases in frequency with age. The most common cause is trauma. This can be either a single hard blow or repetitive low level insults. Other causes include rheumatoid arthritis and crystalline arthropathy.

Post-traumatic bursitis is usually aseptic and thought to be due to microscopic bleeding into the bursa that leads to the release of inflammatory mediators. In these cases the overlying skin is often not erythematous so concurrent breaks in, or erythaema of, the skin should raise suspicions of a septic cause.

Investigation with aspiration is indicated in suspected cases of septic bursitis but post-traumatic non-septic bursitis does not routinely need further investigation.

Post-traumatic non-septic bursitis



will often settle spontaneously over a period of one to three months. Management strategies for persistent or severe cases include Rest Ice Compression and Elevation RICE and oral non-steroidal anti-inflammatory drugs.

Olecranon bursitis is known by many other names including, 'Student's elbow', 'Miner's elbow', 'Baker's elbow', and my personal favourite, 'Popeye's elbow'. With the exception of Popeye, you can see that these names are derived from risk taking occupations. I think perhaps it is time we added 'Ophthalmologist's elbow' to the list.

It is not clear which ophthalmologists are most at risk of sustaining this injury. Would it be the keen and repetitive medical retina specialist who places their elbow gently on the lens box or the reluctant oculoplastic surgeon who occasionally slams it down begrudgingly? Only further studies will tell.

Having been through it, I would implore you all to consider your poor olecranon bursa both when selecting and using an elbow prop for slit-lamp fundoscopy, as it will make for an uncomfortable few months once irritated.

**References:**

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**Declaration of Competing Interests**
None declared.