



## AN SAMPLE OF ELDERLY WOMAN NEGLIGENCE (HELMINTHS LOCATED IN EYES): CASE REPORT

### BİR YAŞLI KADIN İHMALİ ÖRNEĞİ (GÖZLERDE BULUNAN HELMİNTLER): OLGU SUNUMU

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#### Abstract

**Introduction:** With the increase in the ratio of the elderly population to the total population, the abuse and neglect of the elderly is increasing day by day. Identifying elder abuse and neglect is a professional responsibility for nurses. In this case, it was aimed to share the rare medical diagnosis of an elderly and lonely woman, whose medical problems were ignored by her first degree relatives and herself, and who were exposed to problems such as poor hygiene and malnutrition, and it was aimed to evaluate the problems in line with nursing diagnoses.

**Case Presentation:** The case is an 82-year-old woman patient who applied to the emergency department of a university hospital with complaints of pain and vision loss. The patient stated that a foreign body had stabbed in her left eye about two months ago, and she was brought to the hospital by ambulance because of severe pain in her eye. As a result of eye examination, it was determined that there was conjunctival intense hyperemic purulence with periorbital edema in the left eye, and helminths were located in the conjunctiva, under the eyelid, under the conjunctiva, and in the depths of the optic nerve and retina.

**Discussion:** It is thought that the woman is neglected due to reasons such as living alone, being old and having a low socioeconomic level. In such complex cases, nurses working in a multidisciplinary team have many responsibilities. Complications that develop/may develop in similar cases with the nursing care plan can be managed in advance, so the complications can be minimized, the patient's quality of life can be increased, and the systematic continuity of care and treatment can be ensured. Therefore, it is recommended to apply a "nursing care plan" to improve the quality of care in similar complex cases.

**Key Words:** Elderly neglect, nursing, nursing care, eye, helminth.

#### Özet

**Giriş:** Yaşlı nüfusun toplam nüfusa oranının artmasıyla yaşlı istismarı ve ihmali her geçen gün artış görülmektedir. Yaşlı istismarı ve ihmali belirlemek hemşireler için profesyonel bir sorumluluktur. Bu olguda, birinci derece yakınları ve kendisi tarafından tıbbi sorunları göz ardı edilen, kötü hijyen ve yetersiz beslenme gibi problemlere maruz bırakılan yaşlı ve yalnız bir kadının nadir görülen tıbbi tanısı paylaşılmalı istenmiş ve sorunların hemşirelik tanıları doğrultusunda değerlendirilmesi amaçlanmıştır.

**Olgu Sunumu:** Olgu, bir üniversite hastanesinin acil servisine ağrı ve görme kaybı şikayetleri ile başvuran 82 yaşında bir kadın hastadır. Hasta, yaklaşık iki ay önce sol gözüne yabancı bir cisim battığını ve gözünde şiddetli ağrı olması nedeniyle ambulansla hastaneye getirildiğini ifade etti. Göz muayenesi sonucunda sol gözde periorbital ödem ile birlikte konjonktival yoğun hiperemik pürülan olduğu ve helmintlerin konjonktivada, göz kapağı altında, konjonktiva altında ve optik sinir ile retinanın derinliklerinde yer aldığı belirlendi.

**Tartışma:** Kadının yalnız yaşaması, yaşlı olması ve sosyoekonomik düzeyinin düşük olması gibi nedenlerden dolayı ihmale uğradığı düşünülmektedir. Bu tip karmaşık vakalarda multidisipliner bir ekipte yer alan hemşirelere birçok sorumluluk düşmektedir. Hemşirelik bakım planı ile benzer olgularda gelişen/gelişebilecek komplikasyonlar önceden yönetilerek komplikasyonlar en aza indirilebilir, hastanın yaşam kalitesi artırılabilir ve bakım ile tedavinin sistemli olarak devamlılığı sağlanabilir. Bu yüzden benzer karmaşık olgularda da, bakım kalitesini yükseltmek için "hemşirelik bakım planı" uygulanması önerilmektedir.

**Anahtar Kelimeler:** Yaşlı ihmali, hemşirelik, hemşirelik bakımı, göz, helmint.

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## INTRODUCTION

Aging is a process in which losses such as decline in physical and cognitive functions, and decrease of health, productivity, role and status, independence, social lives and supports (1). As a result of rapid industrialization and urbanization, rapid changes in economic and social structure and movement from agricultural order to the urban and industrial order force extended families to be divided into nuclear families. This situation causes problems such as disintegration in the extended family body and transforming into nuclear family, incompatibilities between individuals, desire for independence, and considering the house narrow and insufficient (2). Physical and sociocultural changes and deterioration in economic conditions during aging period are the conditions that cause insufficient support, abuse and neglect in the care of the elderly person at home or in the institution (3).

International Organization for the Prevention of Elder Abuse and the WHO Toronto Declaration define elder abuse as “Single or recurrent inappropriate behaviors that harms or stresses out the elderly person in any relationship with trust expectation” (4). Intentionally or unintentionally deprivation of needs such as food, drink, medicine or medical device (prosthesis, glasses, hearing aid) of the elderly person causes physical or emotional problems (5). In addition, it affects almost all organ systems without deterioration in all functions and nervous systems, including all over the world, and does not cause many symptoms (6).

Identifying elderly abuse and neglect is a professional responsibility for nurses (7). This is because the nurses are in the most important position in detecting the real and suspicious situations and intervening them due to their frequent encounters with elderly individuals. Nurses have legal responsibilities in protecting elderly people, making healthy and right decisions for them, and maintaining

their legal rights (8). Nurses should have detailed information about the elderly person and the caregivers and observe the elderly and the caregiver very well and know the symptoms and signs that may help the diagnosis well in order to recognize the abused and neglected elderly person (9).

Due to their working environment, nurses often encounter elderly people at risk. Therefore, these warning signs should be carefully assessed in all areas such as house, institution, hospital etc. where elderly individual can be encountered and the record and notification should be made according to the registration rules (8,10). In addition, when considering that the event has medical, psychological, legal and ethical aspects, the nurse should work with other professional groups in a team mentality (11). The nurse in the team should assist in ensuring that the elderly is in a safe environment, helping and guiding the caregivers of the elderly individual, developing the communication that is needed to establish closer relationship between the family members and finding resources for stressful caregivers.

In this case, it was aimed to share the rare medical diagnosis of an elderly and lonely woman, whose medical problems were ignored by her first degree relatives and herself, and who were exposed to problems such as poor hygiene and malnutrition, and it was aimed to evaluate the problems in line with nursing diagnoses.

## CASE PRESENTATION

Our case is an 82-year-old female patient who applied to the emergency department of a university hospital with pain and vision loss complaints. Informed written consent form was obtained from the patient for academic publication without sharing personal information. In the patient’s history, she stated that she bandaged her eye with a gauze at home about two months ago due to stinging of

a foreign object to her left eye and one of her relatives brought her to hospital with an ambulance due to burning and pain in her eye. She said that her husband passed away 15 years ago, her children live in another city, nobody is visiting her, she lives alone in the village and she did not open her bandage for more than a month. In the physical examination during hospitalization, her temperature was 38.7°C, TA: 90/60 mmHg, pulse was 108/min, respiratory rate was 18/min, height was 1.60cm, weight was 43 kg, BMI was 16.7, her general condition was weak, and her consciousness was clear. It was found that leukocyte count of the patient was 16.000/mm<sup>3</sup>, sedimentation rate was 17 mm/hour, and CRP level was 20 mg/dl.

In the physical examination, there was a sharp red ulcerous lesion with irregular edges hosting necrosis on the left eyelid, left nose wing and left ear tragus and the auricle erythematous ground. It was determined as a result of ophthalmologic examination that there was conjunctival intense hyperemic purulence along with periorbital edema in the left eye and helminths are located in the conjunctiva, under the eyelid, under the conjunctiva or deeper into the optic nerve and retina (Figure 1). While the best corrected visual acuity was 2/10 in the right eye, there was a visual loss in the left eye. It was found that visual pressure increased especially in the left eye. Blood samples were taken for CBC, biochemistry, INR, blood group and cross and vascular access was established. Consultation was asked from Eye Service in order to evaluate preoperatively for the patient planned to be urgently operated and she was hospitalized for eye surgery.

Helminths can be located in various tissues and organs as intermediate hosts, final hosts or incidentally in both animals and human beings. These organs also include the eye (12) however, helminth formation in the eye is not a common condition, and there is no case report of helminth in the eye in the literature. Helminths located in the eye may cause eye disorders such as conjunctivitis,

keratitis, corneal haze and ulcers, cataracts, glaucoma, uveitis and retinochoroiditis and even loss of vision (13). They are frequently seen in developing societies and helminths enter the body through cracks and wounds on the feet or hands and reproduced in the organs such as brain, lung, liver, eyes, heart through blood circulation. If the hygiene rules are insufficient, it is not good, a clear eye hygiene is insufficient, and the eye area is not clean, eggs can be nested directly in the eye (14).



**Figure 1:** Helminths in the Left Eye

## DISCUSSION

With the increase in the ratio of the elderly population to the total population, the abuse and neglect of the elderly is increasing day by day (15). In the literature, it is reported that some of the elderly individuals lead their lives in need of help, and these elderly people are abused and neglected especially in their own homes (16). In our case in this study, the death of her husband, living alone, her children being outside the city, her relatives not visiting, being old and having a low socioeconomic level are thought to be the factors that cause neglect and abuse.

Nurses have legal responsibilities to protect the elderly, to make healthy and correct decisions on their behalf, and to protect their legal rights (8). The nurse should make physical evaluations and keep a report by performing forensic nursing in geriatric cases where neglect and abuse are considered (17). According to the role definitions of the International Union of Forensic Nurses,

**Table 1. Nursing Care Plan Planned for the Patient**

NURSING CARE PLAN				
Nursing Diagnosis	Etiological Factor and Descriptive Features	Objective	Intervention	Evaluation
<b>Lack of Self Care</b>	<p><b>Etiology</b></p> <ul style="list-style-type: none"> <li>✓ Advanced age.</li> <li>✓ Movement restriction.</li> <li>✓ Vision loss in the left eye and severe visual impairment in the right eye.</li> <li>✓ Live alone.</li> <li>✓ Having pain.</li> <li>✓ Weakness.</li> </ul> <p><b>Descriptive Features</b></p> <ul style="list-style-type: none"> <li>✓ Inability to self-feed.</li> <li>✓ Inability to wash yourself.</li> <li>✓ Inability to dress by myself.</li> <li>✓ Inability to go to the toilet by myself.</li> </ul>	The patient's self-care needs.	<ul style="list-style-type: none"> <li>✓ The factors that cause the lack of self-care are determined.</li> <li>✓ The reason for the inadequacy in providing personal hygiene is investigated.</li> <li>✓ It is ensured that the patient participates in the activities of daily living at the highest level.</li> <li>✓ She is encouraged to express her feelings about the lack of self-care.</li> <li>✓ The patient's self-care activities are assisted.</li> <li>✓ The patient's pain is relieved.</li> <li>✓ Applications are planned for the protection of skin integrity.</li> <li>✓ The privacy of the patient is taken care of.</li> <li>✓ The patient is assisted with the need for evacuation.</li> <li>✓ A nutrition plan is created for the patient in cooperation with the dietitian.</li> <li>✓ In order to ensure continuity in care, it is ensured that a support system is formed with family and neighbors.</li> <li>✓ In case of need, necessary applications are made to non-governmental organizations or the Ministry of Family and Social Services.</li> </ul>	In the process of care, individual care deficiencies were eliminated by establishing cooperation with the patient.
<b>Neglected by Relatives and Herself</b>	<p><b>Etiology</b></p> <ul style="list-style-type: none"> <li>✓ Advanced age.</li> <li>✓ Movement restriction.</li> <li>✓ Living alone.</li> <li>✓ Weakness.</li> </ul> <p><b>Descriptive Features</b></p> <ul style="list-style-type: none"> <li>✓ Failure to apply to a health institution despite previous trauma.</li> <li>✓ Left eye infection.</li> <li>✓ Low BMI: 16.7.</li> <li>✓ Lack of personal hygiene.</li> <li>✓ Failure to effectively maintain personal health.</li> <li>✓ Social isolation.</li> </ul>	Elimination of elder neglect and living in a safe environment where the individual can live in a healthy way.	<ul style="list-style-type: none"> <li>✓ The person is given the opportunity to express herself.</li> <li>✓ The reasons that cause neglect by her relatives and herself are determined.</li> <li>✓ Initiatives for the determined causes are implemented.</li> <li>✓ Depression and stress symptoms are observed.</li> <li>✓ Forensic notification of the patient's condition is made</li> <li>✓ She is encouraged to develop friendships with individuals outside the home.</li> <li>✓ Within the scope of service programs for the elderly, non-governmental organizations or other community groups are contacted.</li> <li>✓ Relatives of patients are directed to the Ministry of Family and Social Services to improve elderly care.</li> </ul>	<p>The patient file was opened as a forensic case.</p> <p>The relatives of the patients were contacted.</p>

**Table 1. (Continue)**

NURSING CARE PLAN				
Nursing Diagnosis	Etiological Factor and Descriptive Features	Objective	Intervention	Evaluation
<b>Tissue Integrity Deterioration</b>	<p><b>Etiology</b></p> <ul style="list-style-type: none"> <li>✓ Advanced age.</li> <li>✓ Inadequacy in self-care.</li> <li>✓ Deterioration of ocular integrity due to helminth in the left eye.</li> </ul> <p><b>Descriptive Features</b></p> <ul style="list-style-type: none"> <li>✓ On physical examination, a sharp red ulcerous lesion with irregular borders, hosting necrosis on the left eyelid, left nasal wing and left ear tragus and auricular erythematous background.</li> <li>✓ On eye examination, conjunctival intense hyperemic purulent and periorbital edema in the left eye.</li> </ul>	Ensuring rapid recovery after the operation.	<ul style="list-style-type: none"> <li>✓ The left eye is closed by dressing.</li> <li>✓ The left eye is followed for infection, discharge and bleeding.</li> <li>✓ The head of the bed is raised 30 degrees to reduce intraocular pressure.</li> <li>✓ Ordered treatments are applied on time.</li> <li>✓ Adequate hydration is provided.</li> <li>✓ Prevents new injuries from occurring.</li> </ul>	The patient's left eye was cared for and admitted to the eye service for the surgical operation.
<b>Trauma Risk</b>	<p><b>Etiology</b></p> <ul style="list-style-type: none"> <li>✓ Advanced age.</li> <li>✓ Vision loss</li> <li>✓ Age-related limitation of movement.</li> <li>✓ Living alone.</li> <li>✓ Past trauma history.</li> <li>✓ Loss of vision in the left eye and severe visual impairment in the right eye.</li> <li>✓ Sensory and motor deficits.</li> </ul>	The patient has no trauma.	<ul style="list-style-type: none"> <li>✓ Factors that increase the risk of trauma are determined.</li> <li>✓ Vital signs are measured and evaluated.</li> <li>✓ Bed borders are raised.</li> <li>✓ The 4-leaf clover figure is hung over the patient's bed after the fall risk scale is filled.</li> <li>✓ It is observed how well the patient tolerates the activities.</li> <li>✓ The patient is protected against trauma and falls.</li> <li>✓ The patient is provided with support while walking.</li> <li>✓ After the activities, the patient is allowed to rest.</li> </ul>	No trauma developed in the patient during the care given process.

forensic nursing consists of many sub-specialties specialized in itself, and one of them is forensic geriatric nursing (18). Forensic geriatric nurses; is responsible for protecting the human rights of older people in situations that may lead to abuse and neglect (19). In this case, the patient record was opened as a forensic case and the legal process was started.

It is thought that many factors such as loneliness, low socioeconomic level, lack of hygiene and being cachectic contributed to the occurrence of such a rare condition in our case with helminth in the eye. In this type of complex case, nurses who take their place in a multidisciplinary team have many responsibilities (8). Complications that develop or may develop in the case can be managed with a nursing care plan, minimizing the quality of life of the patient, and systematic continuity of care and treatment can be ensured (20).

In line with the data obtained from this case, some nursing diagnoses were made to the patient. Since the patient was evaluated in the emergency room, it was planned to provide nursing care that could be done in a short time. When the necessary examinations and treatments were performed in the emergency department and the consultations were completed, the patient was admitted to the love affair. Nursing care was provided according to the nursing diagnoses (lack of self care, neglected by relatives and herself, pain, current infection and risk of infection spread, tissue integrity deterioration, trauma risk) that have priority and can be made in this short time (Table 1). In addition, in line with the data obtained from the patient, nursing diagnoses of malnutrition, inadequacy in maintaining health and social isolation were also made, but nursing care could not be given to these diagnoses.

### CONCLUSIONS

With the increase of elderly population to the total population, elder abuse-neglect increases and continues to be a

problem that hurts, injures elderly people, narrows their living spaces, and risks their physical, mental and social health. In preventing elder abuse and neglect, awareness of healthcare professionals, recognizing the signs of abuse and neglect, and knowing the risk groups are extremely important in helping the elderly individual. Abuse and neglect are obligatory to be reported. Therefore, reporting this situation is one of the legal obligations and responsibilities of the individual experiencing the neglect and abuse, witness, doctor, nurse or social service expert. In general, there is a need in the society to be informed about this problem and therefore, appropriate services (such as training services, security services etc.) should be provided and improved.

In conclusion, our patient experience visual loss due to the hit and puncture wound in the eye she experienced two months ago. Many factors such as not opening her eye, not being visited by her children and relatives, lack of hygiene, not being taken care of her health problem, living alone, and insufficiency of immune system due to advanced age for two months contributed to the development of the situation. Nursing interventions were applied by considering the patient within the nursing care plan. As in this case, it is recommended to apply a "nursing care plan" in order to improve the quality of care in similar complex cases.

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