Purpose
Our aim was to assess the utility of CT classification of orbital floor fractures and to determine its reliability as a prognostic measure of clinical outcome.

Materials & Methods
Retrospective analysis of coronal CT scans of all patients referred to Wills Eye Hospital with a history of orbital trauma during a two-year period (January 1, 1998–December 31, 1999) was performed. Only patients with orbital floor fractures with or without orbital wall fractures were included in this study. Furthermore, only patients who were managed by either of the two ophthalmologists who participated in the study were included. Adopting the classification proposed by Dr. Harris, orbital floor fractures were classified into three categories, then each category was further subdivided into two sub-types to reflect the extent of associated soft tissue injury. Type 1 described fractures with almost perfect realignment of their fragments (trap-door injury). Sub-type 1-A showed no evidence of soft tissue on the sinus side of fracture, while in sub-type 1-B, there was. Type 2 was reserved for gaping fractures with soft tissue interposition. In sub-type 2-A, soft tissue was less than or proportional to the fracture gap, while in sub-type 2-B, the displaced soft tissue was greater than the gap. In type 3 fractures, displaced bone fragments surrounded the displaced soft tissue in all areas. In sub-type 3-A, soft tissue and bone were moderately displaced as opposed to their marked displacement in sub-type 3-B. The time interval between injury and surgery was recorded.

Results
Of all the 150 patients, 30 patients satisfied all the criteria of this study. Of those, 4 patients (13%) had type 1 fracture, 24 patients (80%) had type 2 fracture, and 2 patients (7%) had type 3 fracture. Of all 30 patients, only 21 (70%) patients had a favorable clinical outcome. Among those 21 patients, only 6 had sub-type A fractures and 15 had sub-type B fractures. Of the 9 patients who had unfavorable outcome, 5 patients had sub-type B fractures, and 4 patients had sub-type A fractures. Ten patients (77%) had an associated medial orbital wall fractures.

Conclusion
CT classification provides useful information to ophthalmologists. Our data indicate that CT could serve as a reliable prognostic tool in the management of orbital floor fractures.