

Intraocular foreign body in a pseudophakic patient: case report

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PURPOSE

Detailing a complex case study involving a patient who experienced penetrating eye injury alongside the existence of a foreign object within the eye.

METHODS

Thorough research in existing literature has been undertaken, and a detailed case study will be showcased.

DISCUSSION

Foreign objects inside the eye pose a critical situation in ophthalmology, potentially leading to significant vision impairment. It is crucial to actively prevent further complications like endophthalmitis and secondary glaucoma. This overview emphasizes the urgency of timely detection in treating intraocular foreign bodies to safeguard visual function and reduce the risk of enduring ocular harm.

RESULTS

Patient, male, 70 years old, with a history of penetrating ocular trauma in the left eye (OS) with a metallic object, presented to the ophthalmology service in December 2023, complaining of decreased visual acuity. On examination, he had corrected visual acuity counting fingers at 1 meter in OS, biomicroscopy revealed corneal perforation at 9 o'clock, tamponaded by the iris and anterior chamber reaction of 4+/4+ with vitreous present in the anterior chamber, topical intraocular lens. Orbital computed tomography scan showed an intraocular metallic artifact at the level of the posterior chamber of the left bulb, measuring 0.7 mm. Fundoscopy evaluation was impaired due to dense vitreous hemorrhage. The patient was admitted for corneal suturing and posterior vitrectomy for foreign body removal. Intraoperatively, a significant amount of vitreous hemorrhage was observed with a metallic foreign body in the nasal pars plana region. Corneal suturing, pars plana vitrectomy, foreign body removal using an electromagnet via sclerotomies, and laser photocoagulation for lesion blockade were performed. The patient progressed to finger counting at 1 meter visual acuity in OS and fundoscopy showed attached retina.

IMAGES

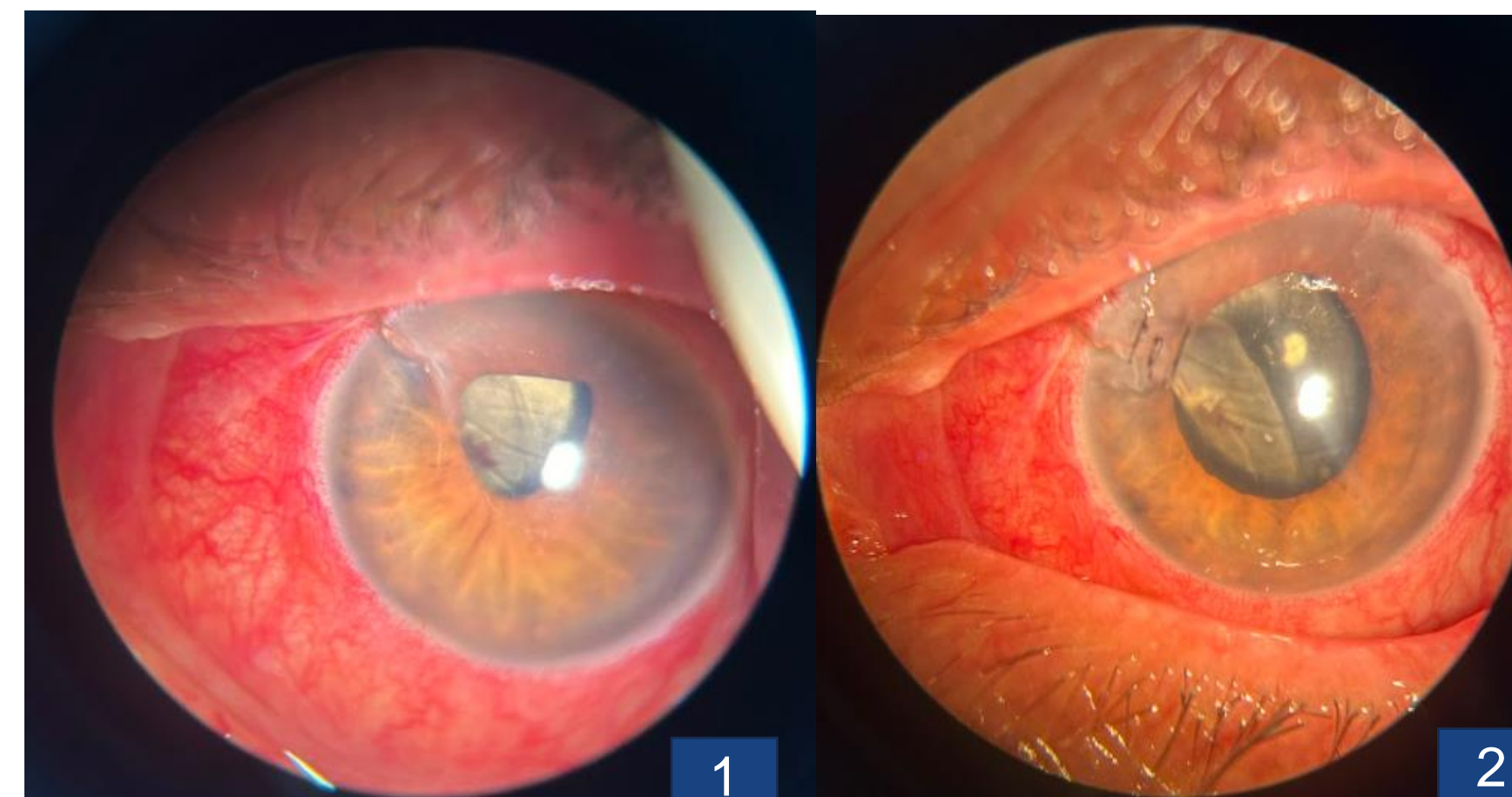


Image 1: Biomicroscopy of the patient at the first ophthalmology consultation showing the presence of ocular perforation at 9 o'clock.

Image 2: Biomicroscopy of the same patient on the first postoperative day showing corneal sutures at 9 o'clock.

Image 3: Cranial and orbital tomography showing a foreign body in the posterior chamber of the left eye.

Image 4: More detailed section of the cranial and orbital tomography showing the precise location of the intraocular foreign body associated with the presence of air within the ocular cavity.

