

Case report:

Eyelash in anterior chamber, an unusual intraocular foreign body, following an indolent self sealing corneal rupture.

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Abstract:

Ocular trauma is an important cause of vision loss. An intraocular foreign body (IOFB) following ocular trauma may traumatize the eye mechanically, introduce infection or exert other toxic effects on the intraocular structures. We present a case of ocular trauma with an eyelash, which induced a self sealing corneal rupture followed by impaction in the anterior chamber inducing acute anterior uveitis in a young male patient. The patient presented with the complaints of foreign body sensation, redness, watering and slight diminution of vision in his right eye for 3 days. On examination, the best corrected visual acuity in R/E was 6/12(partial), L/E was 6/6. The anterior chamber showed the presence of a foreign body resembling an eyelash along with cells 1+ and Flare 1+. Siedels test was negative but a self sealed corneal rupture was noted in the 11'o clock position, around 2 mm from the limbus, approximately 1mm in length.

The patients foreign body was removed through a 2.8mm triplanar clear corneal incision under LA with a Mc Phearsons forcep the very next day which was followed by intravitreal injection of antibiotics ceftazidime and vancomycin. The removed foreign body was sent for histopathological examination which confirmed it to be an eyelash. The patients post operative vision on day 1 was 6/12 and on day 3 was 6/6 (partial) and 6/6 on day 7 with pin hole.

Keywords: Eyelash, injury, trauma, foreign body

Introduction:

Ocular trauma is a leading cause of blindness.[1] The causative agents implicated in such cases are variable and related to the occupation and daily activities of the person. While there have been reports of blinding ocular trauma caused by common objects like wood pieces, pencil, firecrackers, there also have been reports of such trauma, caused by unusual objects like horse hoof,[2] paintball pellets[3] and grease from high hydraulic machinery.[4] We present an unusual

case of ocular trauma in which an eyelash inflicted a self sealing corneal rupture in a young male patient and got impacted in the anterior chamber inducing acute anterior uveitis.

Case Report:

A 32-year-old male patient presented to our OPD with the complaints of foreign body sensation, redness, watering and slight diminution of vision in his right eye for 3 days. The patient was unable to remember any causative traumatic incident but said that he developed the mentioned complaints

suddenly some 3 days back which increased in severity with time.

On examination, the best corrected visual acuity in R/E was 6/12(partial), L/E was 6/6. The R/E on slit lamp biomicroscopy showed mild eyelid oedema, ciliary congestion of the conjunctiva, a self sealed corneal rupture in the 11'o clock position in the cornea, around 2 mm from the limbus and approximately 1mm in length which was siedel test negative. The anterior chamber showed the presence of a foreign body resembling an eyelash along with cells 1+ and Flare 1+. The pupil was round, regular and briskly reacting to light. The intraocular pressure by applanation tonometry was 16mm Hg. Fundus examination showed no abnormality.

Random blood sugar was done for the patient on the same day which came to be 84mg/dl. The

patient was admitted urgently on the same day. Anterior segment photography was done with TOPCON TRC 50 DX, retinal camera.

The patient was posted for the foreign body removal the very next day. The foreign body was removed through a 2.8mm triplanar clear corneal incision under LA at 12'o clock position with a Mc Phearsons forcep. This was followed by intravitreal injection of antibiotics ceftazidime and vancomycin and formation of the anterior chamber with air. The removed foreign body was sent for histopathological examination which confirmed it to be an eyelash.

The patients post operative vision on day 1 was 6/12 and on day 3 was 6/6 (partial) and 6/6 on day 7 with pin hole.

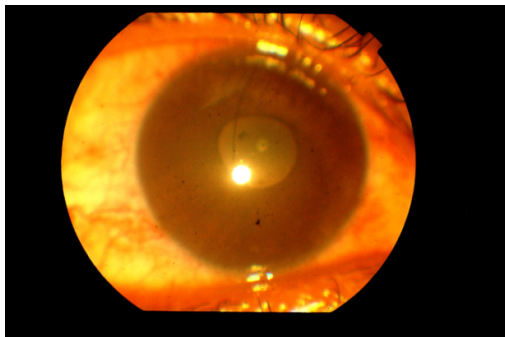


Fig 1



Fig 2

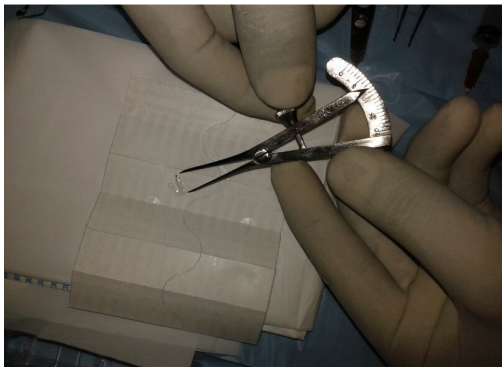


Fig 3



Fig 4

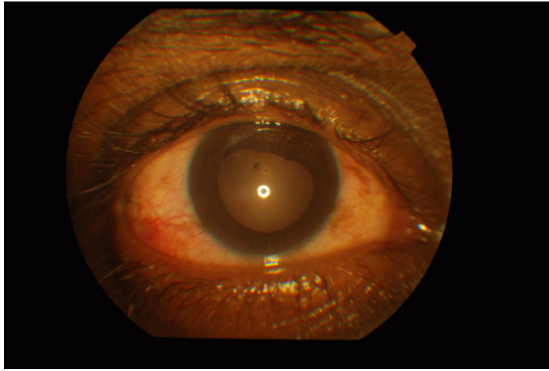


Fig 5

Fig 1: R/E preoperatively with eyelash in AC, Fig 2 : Patient, Fig 3 : The eyelash immediately after extraction, Fig 4 : Histopathology confirming the presence of eyelash, Fig 5: R/E on post op day 1

Discussion:

Ocular trauma is an important cause of vision loss. An intraocular foreign body (IOFB) following ocular trauma may traumatize the eye mechanically, introduce infection or exert other toxic effects on the intraocular structures. Once in the eye, the foreign body may lodge in any of the structures it encounters; thus it may be located anywhere from the anterior chamber to the retina and choroid. Stone and organic foreign bodies are associated with a higher rate of infection, and this is particularly high with soil-contaminated or vegetable matter, when prophylaxis with intravitreal antibiotics is required. Many substances including glass, many plastics, gold and silver are inert and a decision to remove them should be based on factors like site of impingement, size of the foreign body, potential of secondary injuries and hemostasis.^[5] The physical characteristics of the foreign body like mass and shape are also of

prognostic importance. Woodcock *et al.*^[6] from UK had found that foreign bodies of greater mass were associated with worse visual outcome.

An eyelash is structurally very close to curly hair but some biological processes related to follicle cycle and pigmentation differ markedly.⁽⁷⁾ The reaction of the eye to cilia has been reported to be variable and unpredictable, varying from absolute lack of reaction to endophthalmitis. In contrast to other organic materials, a cilium is relatively inert and is rarely associated with infection. Acute inflammation most commonly occurs within days or after a few months, although the eye can tolerate the cilium for many years. Some ophthalmologists prefer observation, particularly when there is no inflammation present. We believe that each patient should be considered on an individual basis. The decision to remove an intraocular eyelash remains controversial and should be considered at the onset of inflammatory or infective clinical signs.⁽⁸⁾

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Date of submission: 19 March 2014

Date of Publication: 07 June 2014

Source of support: Nil; Conflict of Interest: Nil