

Neglected Intracorneal Foreign Body Since Childhood: About A Case

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Abstract

Corneal foreign bodies represent the reason for extremely frequent emergency consultation (65% of ocular traumas), the superficial corneal foreign body constitutes the most frequent traumatic attack of the anterior segment generally occurring during an accident at work, domestic or following an aggression. These are generally small particles of a different nature strongly adherent to the cornea in case of superficial involvement or incarcerated within the stroma in case of deeper involvement. The presence of a foreign body on the surface of the eye is the cause of local inflammation responsible for conjunctival hyperemia, edema, or even a cell reaction of the anterior chamber. In case of persistence, the particle can be the cause of an infection, of an adjacent tissue necrosis, corneal neovascularization. However, the evolution can be marked by the epithelial covering of the particle with reduction of the painful phenomena as the case of our patient.

Keywords: Cornea; Neglected Intracorneal Foreign Body; Corneal Neovascularization

Clinical Image



Figure 1: Left eye slit lamp examination showing a superficial subepithelial, paralimbal inferior corneal foreign body measuring 0.3/0.4 mm with superficial neovascularization of 2 mm.

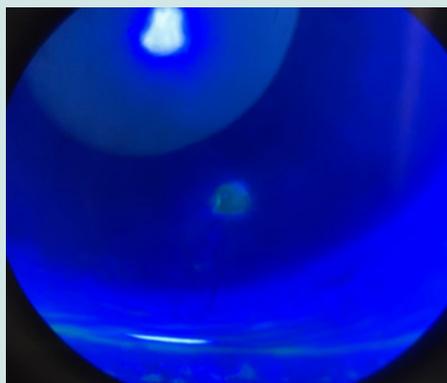


Figure 2: Left eye slit lamp examination under the cobalt blue filter after instillation of fluorescein revealing epithelial covering of the foreign body with a negative Seidel.

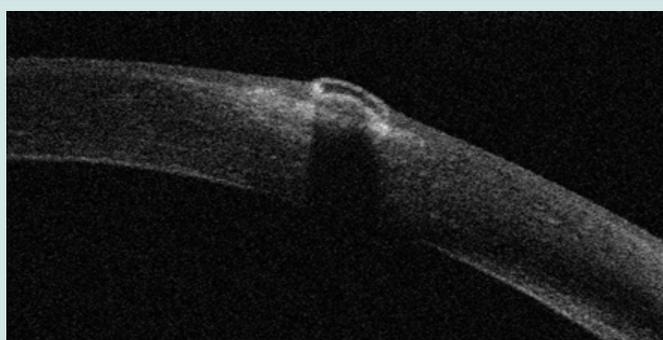


Figure 3: Optical coherence tomography of the left eye anterior segment locating a radiopaque subepithelial foreign body with posterior shadow cone.

We report the case of a 71-year-old patient who consults for age-related macular degeneration treated several times by intravitreal injections of bevacizumab. The patient reported the notion of accidental ocular trauma to her left eye during the school period by chalk projection, treated only with aureomycin ointment without ablation. During the consultation, the patient showed no functional signs related to this foreign body. The ophthalmological examination finds: a best corrected visual acuity to 20/25 in both eyes. The slit lamp examination found in the left eye, a superficial subepithelial, paralimbal inferior corneal foreign body measuring 0.3/0.4 mm with superficial neovascularization of 2 mm (Figure 1), Instillation of fluorescein under the cobalt blue filter revealed epithelial covering of the foreign body (Figure 2), with a negative Seidel. The rest of the examination is normal, in both eyes except for macular degeneration. Optical coherence tomography of the anterior segment located a radiopaque subepithelial foreign body with posterior shadow cone (Figure 3).

The foreign body is removed after instillation of a drop of anesthetic eye drops using a sterile needle. The patient was put under antiseptic eye drops (Hexamidine) in order to prevent any infection, lubricating eye drops accompanied by a healing ointment with vitamin A and palpebral occlusion.

After complete healing, the patient received treatment for the corneal neovascularization with corticosteroid eye drops at a decreasing dose, with 2 subconjunctival injections of 2.5 mg of bevacizumab performed one month apart. The evolution was spectacular with a total disappearance of the ocular signs. The presence of a particle at the level of the epithelium, or even more rarely within the corneal stroma generally results from a projection. The diagnosis is generally guided by the history, the patient reporting the ocular projection in most cases. The foreign body is visible and the biomicroscopic examination specifies its depth in the thickness of the cornea. Optical coherence tomography of the anterior segment can be useful in order to specify the location of the foreign body in the corneal thickness and to determine the integrity or not of Descemet's membrane. The clinical picture can be complicated by an inflammatory or even infectious reaction of the cornea, with stromal edema, and of the anterior chamber with anterior uveitis endophthalmitis or even corneal neovascularization in persistent forms. In the absence of treatment, the evolution can also be marked by the epithelial covering of the particle which can be accompanied by a reduction in painful phenomena as is the case of our patient.



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