

INTRAOCULAR FOREIGN BODY TREATED AT AN OPHTHALMOLOGICAL CENTER IN SÃO PAULO: CASE REPORT

Leonardo de Angelli Benedito Cardoso, Paulo Henrique Horizonte, Nathália Nishiyama Tondelli, Beatriz Melo Mencaroni, Walther de Oliveira Campos Neto, Rafael Garcia, Mariangela Zanon Casoni, André Marcelo V. Gomes

INTRODUCTION

Penetrating eye traumas with intraocular foreign body (IOFB) retention are an important cause of complications and potential risks of blindness and have a high incidence in Brazil, especially in males and in the age group of 16 to 45 years old. In this type of trauma, the ophthalmic ultrasound method is used in order to identify associated injuries and the search for IOFB. Such examination allows obtaining data of location, size and inferring about its composition, endophthalmitis, of complications related to IOFB and in scheduling surgical removal.

METHODS

Medical records review.

RESULTS

We report a case carried out at the Suel Abujamra Institute in 2020 of a 43year-old male patient reports progressive low visual acuity in right eye after eye trauma, five years ago, with cement used in construction work. VA: HM and 20/20. IOP: 24/17mmHg.

Biomicroscopy showed a cornea with inferior temporal leukoma, presence of anterior synechia in the same location and transfixation in the lens. No laceration of iris. Anterior chamber formed without inflammatory reaction. Total cataract. Ocular ultrasound: foreign body with high reflectivity, causing acoustic shadow. Presence of thin and mobile glassy opacities. No other changes. Left eye: normal exam.

DISCUSSION

The visual prognosis and risk of endophthalmitis will depend on its size and type, presence and location of retinal lacerations, preoperative visual acuity and the time after trauma to remove it. The concrete material has high reflectivity and a slight reverberation, with posterior acoustic shade. There are reports of greater location in the anterior vitreous cavity. Posterior segment IOFBs require an external magnet-based approach to remove the IOFB or a pars plana vitrectomy (PPV). Some cases require two or more surgical procedures. The main complications are vitreous hemorrhage, secondary cataracts, RD and endophthalmitis.



Figure 1: Biomicroscoy

