

A unilateral mild anterior uveitis due to intralenticular foreign body

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Abstract

• A 25-year man presented with symptom of photophobia and tearing in the right eye for 2 months duration. It was associated with painless gradual reduced vision. There was a history of hammering on a metal object prior to that. Ocular examination revealed signs of mild anterior uveitis due to a retained metallic intralenticular foreign body. Conjunctiva was white. Computed Tomography (CT) scan of the orbit confirmed presence of a single intraocular foreign body. The condition is misleading and can be easily overlooked. A detailed history and clinical examination are mandatory in this misleading situation.

• **KEYWORDS:** mild anterior uveitis, intralenticular foreign body, misleading situation

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INTRODUCTION

Approximately 40% of intraocular foreign bodies occur in all penetrating ocular injuries. In contrast, the intralenticular foreign bodies are uncommon and account for 5% to 10% of all intraocular foreign bodies. This type of injury has been reported predominate in young men^[1].

We report a case of a young man who presented with chronic mild anterior uveitis in his right eye due to presence of a metallic intralenticular foreign body. The condition is misleading and can be easily overlooked. Thus, a careful history and clinical examination are vital in this condition.

CASE REPORT

A 25-year old man presented with a history of photophobia and tearing in his right eye for two months prior to consultation. It was associated with painless gradual reduced vision. He denied symptom of eye redness.

Further questioning revealed a freak incident which happened

prior to the complaint. His right eye was hit by a nail which ricochets of a wall as he was hammering. He did not wear any protective goggles at that time. He claimed that the nail fell off immediately after hitting his right eye. He did not seek medical opinion for that incident.

On examination, his right eye visual acuity was 6/60 even with a pinhole. The visual acuity of the left eye was 6/6. His right conjunctiva was white (Figure 1). The cornea was clear except for a small linear opacity adjacent to the limbus noted at 3 o'clock position, measuring about 1.5mm in length. There were few anterior chamber cells with deposition of brown pigment dusts on the inferior part of the corneal endothelium. The pupil was mid dilated, measuring about 5mm and sluggish to light stimuli.

There was no relative afferent pupillary defect elicited. A localized small iris hole with positive transillumination at 3 o'clock position was noted just beneath the linear corneal opacity of the right eye. The iris looked normal in color with multiple dark brownish spots over the anterior capsule and pigments in the cortical region (Figure 2A).

On pupillary dilation, a small intralenticular metallic foreign body measuring about 2mm in length was embedded in the anterior lens cortex (Figure 2B). The intraocular pressure was normal. Gonioscopic examination showed opened angle all quadrants with prominent pigmentations observed in the inferior and nasal trabecular meshwork. Fundus examination was essentially normal. The left eye was normal.

Computed Tomography (CT) scan of the orbit confirmed presence of a single intraocular foreign body. He was treated initially with topical corticosteroid. The intralenticular foreign body was removed using an intraocular forcep, which was followed by lens aspiration and primary intraocular lens implant. His final visual acuity improved to 6/9.

DISCUSSION

An intralenticular foreign body can cause visual threatening conditions. Siderosis bulbi^[2] and traumatic cataract^[3,4] have been reported as sequel of lens retained foreign body. These conditions require prompt and aggressive management to restore the possible best visual outcome.

The presence of intralenticular foreign body can also cause misleading conditions. An asymptomatic intralenticular foreign body has been reported recently causing a mature cataract with lens induced glaucoma^[5]. Our patient presented with predominantly mild anterior uveitis following a retained foreign body in the lens. This is another misleading presenting symptom

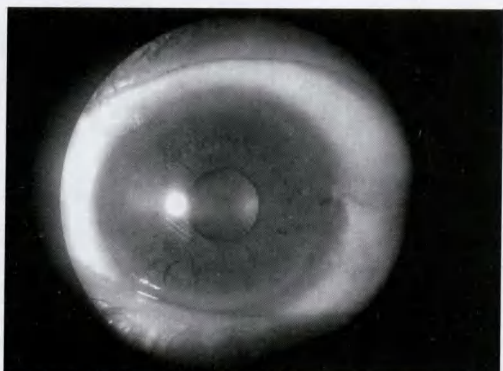


Figure 1 Anterior segment photograph shows a white eye

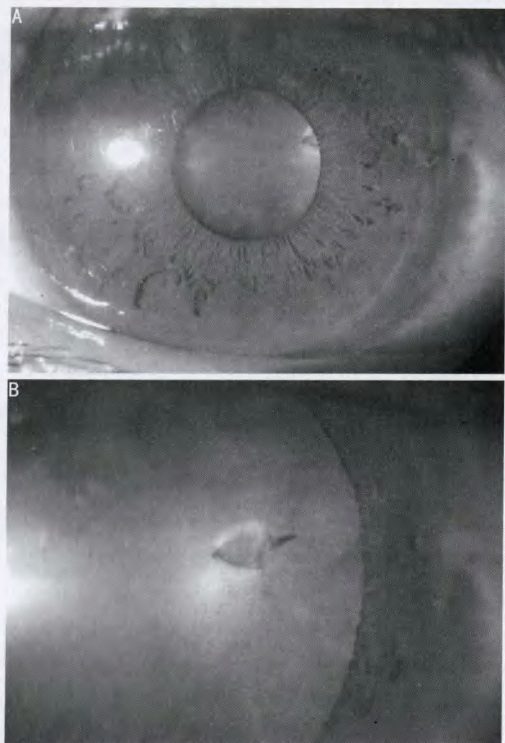


Figure 2 A: Anterior segment photograph shows a self-sealed corneal wound at 3 o'clock position with a corresponding iris hole beneath; B: An intralenticular metallic foreign body embedded in the anterior lens cortex

which can be easily missed and overlooked.

A history of metal striking should alert the attending ophthalmologist to the possibility of an intraocular foreign body. A detailed history and precise ocular examination are mandatory. The use of eye protective gear in activities with potential risk of eye injury is extremely important. It must be legally enforced to reduce if not prevent incidences of ocular injuries.

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晶状体异物所致单眼轻度前葡萄膜炎 1 例

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摘要

报道 1 例晶状体内异物所致单眼轻度前葡萄膜炎。患者,男,25 岁,以“右眼持续畏光,流泪 2mo”主诉就诊,无痛性视力下降。之前有金属物体敲击史。眼科检查显示轻度前葡萄膜炎,晶状体内存留异物,无眼部充血。CT 检查证实球内异物。这种情况容易被漏诊和误诊,详细的病史采集和临床检查对避免误诊至关重要。

关键词:轻度前葡萄膜炎;晶状体内异物;误诊