

Successful removal of intraorbital metal plate and corneal intrastromal glass particle foreign bodies

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ABSTRACT

Objective: Orbital trauma with the foreign body may result in damage to the eye or orbital contents. The nature of the foreign body determines the clinical treatment, whether it is organic or inorganic. However, foreign body extraction is mandatory regardless of its type. **Method:** a Case report. A 26-year-old male came with a blurry vision and bled following penetrating orbital trauma from a plate of a metal grinder. Patient's left forehead and palpebra were injured. Left eye examination showed 6/60 visual acuity, 5 cm full thickness palpebra laceration with visible frontal sinus to the orbital roof and 2 cm partial thickness laceration with inferior displacement of the eyeball. There were 5 cm lagophthalmos with 4 cm corneal exposure, decreased pupillary reflect, limitation of ocular movement and retained corneal intrastromal glass particle foreign bodies. Orbital CT scan showed tubular-shaped metal foreign body penetrating from left superior palpebra to left frontal sinus with a comminuted fracture. The patient was diagnosed with left palpebra lacerations, intraorbital metal and corneal intrastromal glass particle foreign bodies. The patient also had left eye exposure keratitis. Foreign bodies extraction wound debridement and laceration repair were performed. **Results:** Both metal plate and particle glass foreign bodies were successfully removed. Three weeks after surgery, ocular movement, visual acuity, and pupillary reflect improved. **Conclusion:** Throughout examination with orbital CT scan is crucial in orbital trauma. In the surgical removal of foreign bodies, preventing infection, preserving eye function and aesthetic outcome need to be done simultaneously.

KEY WORDS:

Inorganic, metal plate, glass particle, intraorbital foreign body

Surgically induced scleritis: A 2-year experience

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ABSTRACT

Objective: Surgically induced scleritis is not an uncommon complication following ocular surgeries. The purpose of this study is to review the clinical experience of surgically induced scleritis referred to or presented to Hospital Selayang. **Method:** A retrospective observational case series review of surgically induced scleritis in Hospital Selayang from 2016 to 2017. **Results:** There were 16 patients involving 16 eyes in this study, aged between 29 to 86 years old. All patients showed unilateral eye involvement. In post-retinal surgery; scleral buckle and cryotherapy account for 18.75% whereby pars plana vitrectomy accounts for 6.25%. Our case series showed that glaucoma filtering surgery contributed to the highest cause (25%). Other causes are cataract extraction (18.75%), pterygium excision (18.75%), and strabismus repair surgery 6.25% respectively. The onset of disease ranged from 5 months to 20 years post initial surgery. It encompassed a spectrum of disease entity ranging from diffuse, non-necrotizing to localized and necrotizing. Recurrences were not infrequent. Patients with no pre-existing ocular comorbidities showed fairly stable and good visual outcome of 6/24 or better when treated accordingly. 3 patients had poor visual outcome owing to the progression of underlying glaucoma in 2 patients, and 1 patient had pre-existing macula scar secondary to myopic maculopathy. **Conclusion:** In this case series, glaucoma surgeries with intraoperative cytotoxic agent usage had shown as the leading cause of surgical induced scleritis. Knowledge pertaining to its occurrence and various clinical presentations in relation to the type of surgeries will impose a higher understanding of the disease and its impact on visual prognosis.

KEY WORDS:

Surgically induced scleritis, post-operative scleritis