

Unusual Home to Foreign Body

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Abstract

We as ophthalmologist come across various types of ocular foreign bodies in our clinics on regular basis. The varied spectrum of the foreign bodies found in the conjunctival sac is the most common accident occurring in day to day life. The intense symptoms of patients compel us to treat the patients at the earliest. Many of such foreign bodies are missed during initial examination due to intense watering, chemosis or hemorrhage. We are reporting here a case with unusual location of foreign body in the conjunctival sac which remained undiagnosed for days. The purpose of this report is to emphasis on high magnification slit lamp examination including at unusual places when the foreign boy is not easily located.

Keywords: Foreign Body; Conjunctiva; Insect

Introduction

The varied spectrum of the foreign bodies found in the conjunctival sac is the most common accident occurring in day to day life [1]. Many of such foreign bodies are missed during initial examination due to intense watering, chemosis or hemorrhage. We are reporting here a case with unusual location of foreign body in the conjunctival sac which remained undiagnosed for days.

Case Report

Twenty two year old male came to OPD with complaints of watering from left eye since seven day. On history taking he told he was driving bike when he felt some foreign body entered his eye following which he rubbed his eyes vigorously. He then washed his eyes with water and instilled drops kept at home. When he did not get any improvement after multiple visits to clinics, he came to our hospital. On examination his vision in both eyes was 6/6. Left eye had conjunctival congestion with black spot at nasal conjunctival fold (Figure 1). There was overlying chemosis over the congested area. No corneal inflammation was noted. Examination of subtarsal area revealed nothing. On careful examination with high magnification, the black spot looked like some black insect with tentacles (Figure 2). After giving topical anaesthesia, attempt was made to wriggle out the foreign body in toto from underneath the conjunctival fold where it got impacted. High magnification slit lamp examination confirmed it to be around 1.5mm insect foreign body (Figure 3). Patient was given topical steroid with lubricant for 5 days. On follow up patient was doing well.

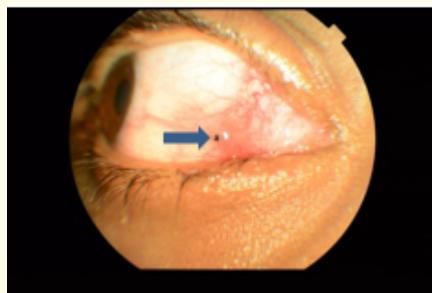


Figure 1: Black foreign body as black dot at nasal conjunctival fold on slit lamp examination (10x) (shown with arrow).

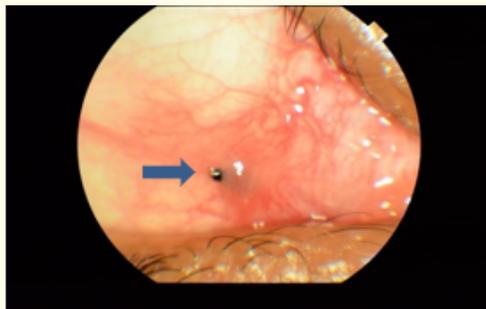


Figure 2: Black foreign body under high magnification (40x) on slit lamp examination showed the impacted insect head with tentacles (shown with arrow).

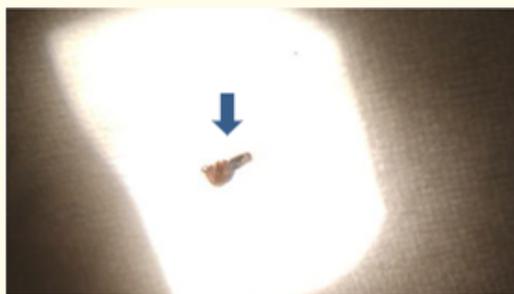


Figure 3: 1.5 mm insect foreign body removed in toto as measured with slit beam on slit lamp examination (10x) (shown with arrow).

Discussion

Foreign body sensation in the eye is one of the most common symptoms that we ophthalmologists come across. It presents as a gritty sensation in the conjunctiva with or without watering that may be puzzling when no apparent abnormality is found on slit-lamp biomicroscopic examination. A variety of foreign bodies may enter the conjunctival sac as it is exposed to the atmosphere [2] which include larvae or wings of insects, beans, and plant [3-5]. The patients are mostly diagnosed in clinics coming with complications which include limbal vascularization, infiltration and secondary bacterial infections as reported by Fogla R, *et al* [2]. There is only an isolated report of an insect wing tarsal foreign body causing a localized conjunctival granuloma [6]. When a foreign body gets lodged in the conjunctiva, initially, there is an acute inflammatory response in the form of exudation of plasma and fibrin. This normally dislodges the foreign body. However, when the foreign body has a large surface area this mechanism may be insufficient and the foreign body may become embedded [7]. Sometimes these foreign bodies are missed due to their unusual locations like subtarsal, subconjunctival. Our case is unique as pubmed search did not show the location of foreign body as seen in our case. In our case, the foreign body was impacted deep within the nasal conjunctival fold due to high velocity wind trauma on bike. The wash off phenomenon of conjunctival foreign body by the eyes failed in our case due to its impacted location. History of significant watering by patient and localized area of redness and chemosis favoured the thorough examination of eyes when foreign body was not found on usual suspected locations. It is important to screen and look at areas of chemosis, redness and ulcer in cases with history of trauma/suggestive history under high magnification on slit lamp.

Conclusion

This case of insect foreign body lodged in the conjunctival fold emphasizes the need to elicit a complete history from patients who complain of foreign body sensation, watering and redness. History taking must also be accompanied by a careful ocular examination with high magnification examination on slit lamp to avoid missing any foreign body lodged in the subconjunctival space or folds.

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Conflicts of Interest

Nil.

Informed Consent

Nil.

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