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OCCULT METALLIC FOREIGN BODY LODGED IN THE PARS PLANA AND REMOVAL BY CHANDELIER ASSISTED VITRECTOMY.

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Introduction:

A 50-year-old gentleman was referred to the VR department with complaints of poor vision following a Left eye cataract surgery 9 months back. A year before the cataract he had sustained trauma to the same eye while hammering metal. He did not notice any immediate issue and neglected it. Prior to cataract surgery no scars or entry sites were noted.

Visual Acuity in the concerned eye was 6/6. The anterior segment showed heterochromic changes and a tiny iris defect. The disc appeared hyperemic.

Materials and methods:

A CT scan was done and showed hyperdense point with streak artifact suggestive of Intraocular metallic foreign body at 6 o'clock, in the anterior retina.

ERG was diminished suggestive of ocular siderosis.

The video shows Anterior chamber wash, use of Iris hooks to dilate the atonic pupil and a thorough search to locate the IOFB which was found to be lodged in the pars plana at 6 o'clock. Using Intraocular forceps, the metallic piece is dislodged and brought out through an enlarged sclerostomy and sent to the lab for sampling. The remaining bits are aspirated in the cutter. The video also shows that small fragments can be stuck in the vitreous base and would have to be cleared with a chandelier assisted vitreous base shave.

Results:

The eye remains stable with an attached retina with visual acuity 6/6. However the vision has suffered the permanent effects of siderosis and visual prognosis remains poor.

Conclusions:

A timely CT scan in any suspected Intraocular foreign body is essential. Small IOFBs (like a corneal metallic foreign body) can get stuck out of view and leech iron resulting in devastating visual loss. Management of these requires careful counselling and assessment and managing patient expectations. The surgery needs to be planned such that the IOFB is found, and all the particles are removed to prevent further damage.

Sources:

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