Abstract 55

REMOVAL OF A 2 CM INTRAOCULAR FOREIGN BODY VIA MID-PERIPHERAL CORNEAL INCISION

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This report presents a complex case of a large intraocular metallic foreign body embedded in the iris and vitreous cavity, managed via a multidisciplinary surgical approach.

A case presentation

A 44-year-old male presented with a work-related ocular injury to the right eye. Examination revealed an ovaloid pupil with a metallic foreign body embedded in the iris stroma at 7–8 o'clock and a scleral penetration 7 mm from the limbus at 1 o'clock. Fundus view was obscured. Initial management involved suturing the scleral wound. A 23-gauge pars plana vitrectomy was performed under chandelier illumination. After detachment of the posterior hyaloid, endolaser was applied around the foreign body. Infusion port position was modified to improve access. A lamellar corneal incision was created and converted to full-thickness for removal of the thick foreign body using intraocular forceps. The iris was cut to prevent traction. The corneal incision was sutured, and a pars plana lensectomy was performed. Additional laser was applied to a retinal tear. Ando iridectomy and air-fluid exchange were followed by silicone oil tamponade. Five months later, the Yamane technique was later used for IOL fixation, followed by silicone oil removal and iris reconstruction using a modified Siepser technique.

This case highlights the importance of individualized surgical planning in managing large intraocular foreign bodies. A combination of advanced vitreoretinal techniques, staged procedures, and iris reconstruction can lead to satisfactory anatomical and visual outcomes, even in complex ocular trauma.