

CASE REPORT- SUCCESSFUL MANAGEMENT OF CORNEAL FOREIGN BODY

OPHTHALMOLOGY

Dr Nishant vardhan

MS ophthalmology, Government hospital, Jubbal (H.P.).

Dr.Mandeep Tomar

Senior resident, Ophthalmology, RPGMC Tanda(H.P.).

Dr Tarun Sood

MS ophthalmology, Government hospital, Sarkaghat(H.P.).

ABSTRACT

Farmers are more prone to ocular injuries, commonly corneal injuries during the period of harvesting due to accidental injury with rice and cattle if untreated can lead to blindness. There is a great need to be more safety-conscious during the agriculture works. Encouragement to use protective goggles and increased awareness about minor trauma among the worker can lead to decreased ocular morbidity. Prognosis in term of visual acuity depends upon early presentation to ophthalmologist and prompt treatment

KEYWORDS:

farmer, ocular injury, goggles, blindness, Ophthalmologist

INTRODUCTION - Ocular injury is common in farmers during agriculture work. It was seen that agriculture related ocular injury is the most common among farmers in the developed world. [1] The prevalence of ocular injury in agriculture-workers is unknown in India but data from few studies seem to suggest that this may be common. [2,3] In India and other developing countries superficial injury causing corneal abrasion in agriculture worker is a major risk factor for causation of microbial keratitis. [4] Fungal corneal ulcer is very difficult to diagnose and treatment. [5] It is seen that ocular injuries are most common in farmers and the risk of developing fungal corneal ulcer seems to be very high frequently associated with a minor trauma of vegetable matters.

A 40 year old female presented with a history of hitting the left eye while working in paddy field, followed 2 hours later by pain, redness and watering in right eye. On examination there was conjunctival congestion, associated with a corneal foreign bodies in pupillary area (one is in the superficial cornea, second one is embedded in the stroma and last one is piercing from superficial cornea and encroaching up to anterior chamber (figure 1,2). The pupillary reactions were 2+ and the lens was clear. Visual acuity OS was 5/60, OD 6/6 (Snellen). The right eye was normal. Orbital X-rays (both postero-anterior and lateral) did not reveal any evidence of a radio-opaque foreign body. Indirect ophthalmoscopy did not reveal any abnormality and the intraocular pressure was normal. The patient was admitted, and advised Moxifloxacin 6 times and cyclopentolate (0.1%) eye drops eight hourly and planned for surgery under local anesthesia



FIGURE-1

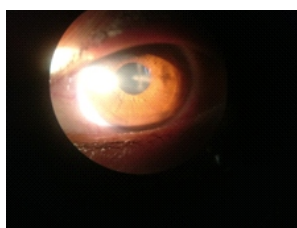


FIGURE-2

Under local (retrobulbar) anaesthesia linear incision, 3 mm in length was made over temporal paracentral location. Superficial corneal

foreign body removed using toothed corneal forceps by holding superficial end. Second foreign body removed by scraping the cornea from epithelial side to avoid injury to corneal endothelium. Last foreign body removed through sideport incision. Foreign bodies are of vegetative nature. Corneal incision closed using three interrupted 10-0 silk suture. Pad and patch done after giving injection of dexamethasone and gentamycin subconjunctivally. Patient was prescribed oral antibiotic and topical antibiotic, steroid and cycloplegic. Visual acuity was 6/24 at 7th day postoperatively and 6/9 after one month (figure 3,4)



FIGURE-3

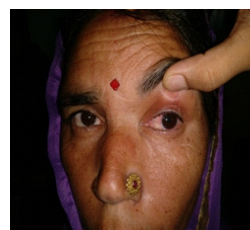


FIGURE-4

CONCLUSION The farmers are at risk for ocular injuries during field activities. Rice and cattle are major source of trauma in the farmers. Increase awareness amongst the farmers and villagers regarding the use of protective glasses/head gear to reduce the ocular injury and motivate them to look for prompt hospital treatment in the event of ocular injury. Prognosis in term of visual acuity depends upon early presentation to ophthalmologist and prompt treatment.

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