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INTRAORBITAL FOREIGN BODY IMPINGING INTO ROOF OF LEFT MAXILLARY SINUS - A CASE REPORT

Ophthalmology

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KEYWORDS

INTRODUCTION

Intraorbital foreign body injury is a common occurrence in rural areas. It can present with history of injury with visible foreign body, laceration, pain, swelling, diminished vision etc., depending upon mode of injury, severity, and time of presentation. Diagnosis is made based on detailed history, clinical findings, and proper imaging modalities. Prompt management is necessary to save the eye and its dreaded complications.

CASE REPORT

38yr old male presented with impacted FB in left orbit following accidental trauma while working at home. On examination a rugged (fig 1) external end of FB impacted into left lower orbit was seen, which on palpation was found tightly impacted inside. Ocular motility was moderately restricted in all gazes with mild proptosis with superonasal displacement of globe. Inferior subconjunctival haemmorhage and chemosis also noted. Vision was 5/60 with IOP 28mmhg. Other anterior segment structures were within normal limit.

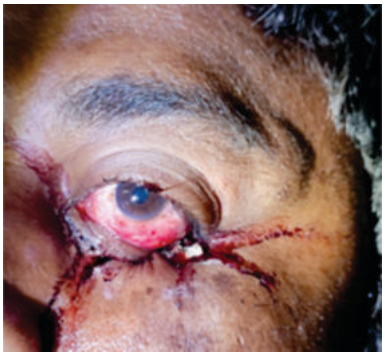

Fig-1: External End Of Intraorbital Fb In Left Lower Obit

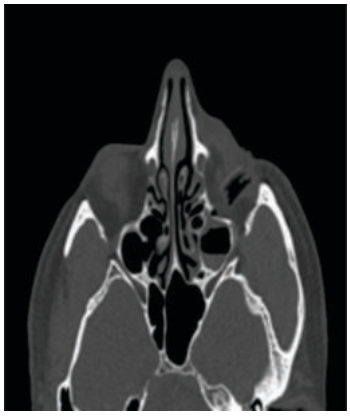

Fig-2. Ct Scan Orbit Showed Hypodence Left Intraorbital Fb Impinging Into Roof Of Left Maxillary Sinus.

Routine blood investigations were all within normal limit.

Patient received parenteral antibiotic, steroid, topical antibiotic, antifungal and pressure lowering drops.

Surgical removal of foreign body which measured about 3cmx 1.5cmx1.5cm was done under LA via sub-ciliary approach (fig-3) after taking ENT opinion.

Postop day1 vision was 6/9 with reduction of IOP and proptosis with restoration of full ocular movements. Patient was reviewed after 2weeks with 6/6 vision with only mild conjunctival congestion.

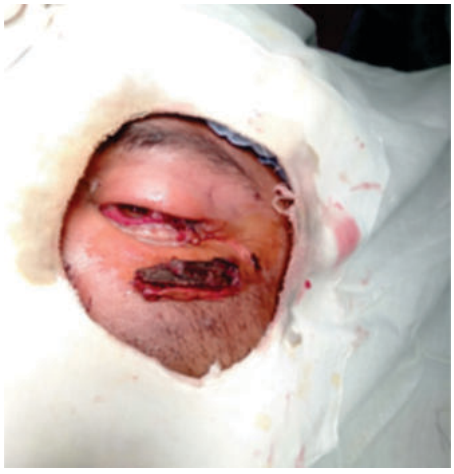

Fig-3

DISCUSSION

Intraorbital foreign body can be a common encounter in our clinical practice. However, involvement of paranasal sinuses is not very common. It can occur mostly following penetrating orbital trauma.

A Simha et al in {1} also reported a case of intra-orbital foreign body involving maxillary sinus.

Orbital foreign body can cause many complications ranging from ocular morbidity to vision loss, endangering surrounding structures and life of patients if not managed properly in time. Hence, detailed history of injury, thorough clinical examination and high suspicion index is necessary in all cases of trauma.

Studies have shown that outcome of injuries is better with early intervention but prevention must however remain a priority to reduce morbidity and complications. {2}

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