CONJUNCTIVAL FOREIGN BODY

A RARE PRESENTATION.

ABSTRACT: Conjunctival foreign bodies are common, but wooden conjunctival foreign bodies are more common in agriculture workers in rural areas. Most of the times conjunctival foreign bodies are retained in the upper or lower fornix, mostly in the upper fornix.

We present an interesting case of retained multiple wooden foreign bodies in the superior conjunctival fornix which presented as pedunculated polyp like growth

KEYWORDS: CONJUNCTIIVA, GRANULATION TISSUE, FOREIGN BODY.

INTRODUCTION-

Conjunctival foreign bodies of the eye are common. Wooden ocular foreign bodies are common in rural areas particularly in agricultural workers. Most of the times, foreign bodies are small particles of dust, stone piece, insect wing or small iron particles. Foreign bodies may settle on the bulbar conjunctiva, upper or lower fornix or on the cornea but most commonly retain in the upper conjunctival cul-de-sac.

Sometimes wooden foreign bodies penetrate and are retained under the conjunctiva. In due course the foreign bodies are covered by granulation tissue which may simulate the cockscomb type of tuberculosis of conjunctiva. This is a rare presentation of the conjunctival foreign body.

CASE REPORT-

A 50 years male patient who is an agricultural worker, came with a complaint of redness, pain, foreign body sensation and discharge of right eye for the last 25 days. He was accidentally hit by a wooden stick on the right eye 25 days ago while he was working in the paddy field. Then he was treated by antibiotic eye drops and pain killers by local doctors for about 20 days, but the problem was not solved. He presented to our hospital outpatient Department.

On examination of the Right eye there was mild upper lid oedema. A pedunculated polyp like growth was present on the temporal side of the bulbar conjunctiva .The growth was not attached to the cornea. Cornea was clear and fluorescein stain was negative. Anterior chamber was of normal depth with clear contents, pupil was reacting to light. Fundus examination was with in normal limits except a few lenticular opacities. Visual acuity was 6/18 in Right eye .The left eye was found normal and visual acuity was 6/9.

On careful examination of the right eye there were two small yellowish white spots noticed on the surface of the polyp like growth of the conjunctiva which appeared like pus points (fig-1).Under topical anaesthesia the surface of the growth was manipulated with plain

forceps by which it was found that those points are actually the tips of wooden foreign bodies (fig-2). Two pieces of wooden foreign bodies were removed from the pedunculated growth of the conjunctiva, one foreign body was measuring about 2cm and other one about 4cm(fig-3.fig-4.).There were no signs of perforation of the globe.

Discussion –The superficial foreign bodies of the conjunctiva are common, such as small particles of dust or steel and insect wings. These foreign bodies impinge on the cornea or conjunctiva. Ocular protective mechanisms which include blinking and tearing normally remove superficial foreign body that comes in contact with the ocular surface.

The orbital foreign bodies are divided in to three types 1.Metallic2.non organic like glass pieces.3. Organic foreign bodies like wood. The clinical course of the foreign bodies depends upon their composition. Some metallic foreign bodies remain quiescent for long period of time without causing any problems. But organic foreign bodies like wood cause sight threatening complications. They may remain asymptomatic for variable periods and manifest with delayed onset of conjunctival granuloma, cellulitis and abscess.

In our case, wooden foreign bodies penetrated subconjunctivally into the upper fornix and in due course covered by granulation tissue, presented as pedunculated conjunctival growth which simulated cockscomb type tuberculosis of the conjunctiva. Occasionally, as in our case, foreign body retained in the fornix, encapsulated by mucus, embedded in the Underlying stroma may cause local inflammatory response. In case of conjunctival foreign bodies, we must search for signs of globe perforation.

An intraorbital foreign body is an object that lies within the orbit but outside the ocular globe. In the literature they reported evidence of

orbital foreign body migration toward the cranium. So, it is important to identify and remove intraorbital wooden foreign bodies as early as possible to prevent further complications.

In our case, we identified retained intra orbital wooden foreign bodies immediately on presentation of the patient. The retained intraorbital foreign bodies were removed under topical anaesthesia (4%lignocaine). Double eversion of upper lid was done to locate any hidden foreign bodies in the fornix. But no foreign body was found.

Moxifloxacin eye drops 6times per day and tab aceclofen two times per day for 5 days was prescribed. All inflammatory signs and conjunctival granulation markedly reduced within one week. Patient's vision in right eye improved to 6/9 by the end of one week.

Conclusion

Patients presenting with pedunculated polyp like growth of conjunctiva, particularly from agricultural field with history of trauma, a retained conjunctival wooden foreign body should be ruled out first.

In conclusion, we would like to emphasize that the ophthalmologist should include foreign body granuloma among the differential diagnosis of an intraorbital mass.

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References-

1.Indian journal of ophthalmology. 2009. Nov –Dec 57(6) 473-474.

INSECT WING TARSAL FOREIGN BODY CAUSING CONJUNCTIVAL GRANULOMA AND MARGINAL KERATITIS

KALPANA BABU AND RASHMI EYMARALIHALLI.

2. PARSONS DISEASES OF THE EYE .20TH EDITION.

3. BRITISH JOURNAL OF OPHTHALMOLOGY. 1971.VOL-55/ISSUE-5

FOREIGN AS A CAUSE OF CONJUNCTIVAL PSEUDO MEMBRANE FORMATION.

ALANL.NORTON AND WILLIAMR. GREEN.

4. ANN OPHTHALMOLOGY 1978 .OCT 10(1O) 1362-2

FOREIGN BODY GRANULOMA OF THE CONJUNCTIVA.

ROYFH.HANNAC.

5. Journal of Medical case Report 2012.6:9.

Periorbital foreign body – A case report. Morsette et al.

6. Indian journal of ophthalmology 1995.vol-43.issue-4.

Retained Wooden Foreign body in the Orbit.

Deepak Kumar. Sandeep Sareena.

7. Journal of Laryngology and otology.Vol-107.issue-08.August1993.

A wooden Orbital Foreign Body.

Rajah.

8. Ophthalmology. Vol.109. issue-2Feb 2002.(science Direct).

A Retained Orbital Wooden Foreign Body. A surgical Technique and Rationale.

DonLiu, Sambal, Shail, KFUF.

9. Hong Kong Med.Journal 2015 21.77-9

Case Report. Synthetic Fibre granuloma of the Conjunctiva.

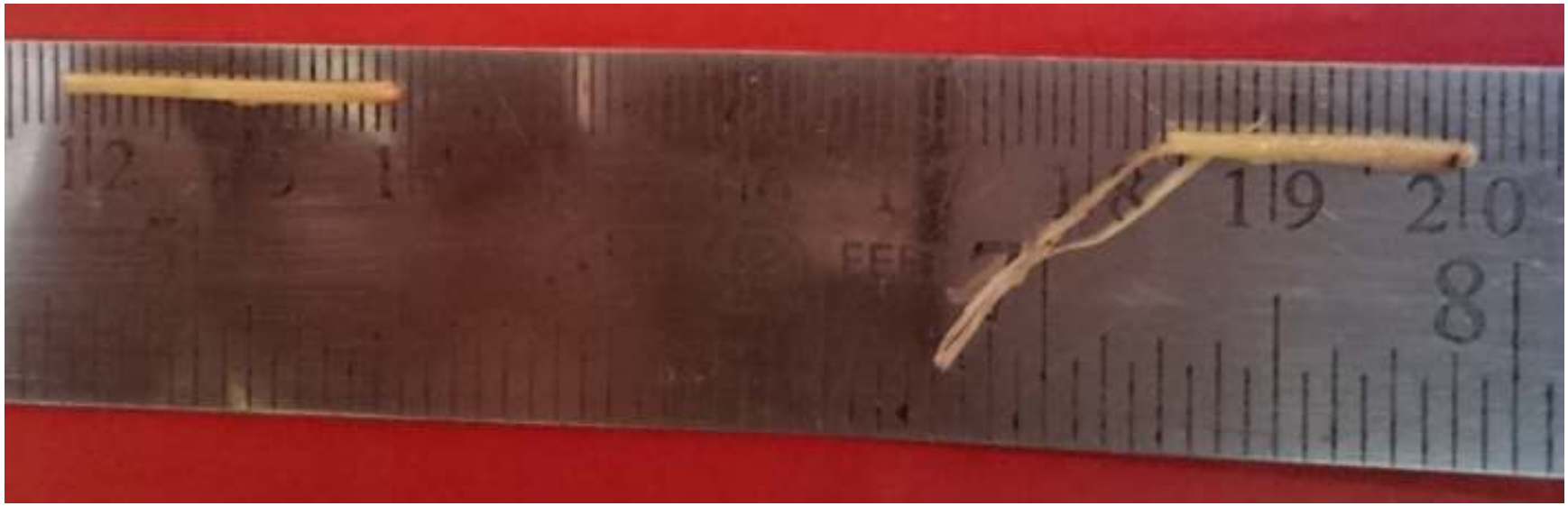
ST Mke,YH Lui,K.KWli.

Fig.1.pus like points of foreign bodies.

fig -2projected foreign bodies from granulation growth.

Fig-3 Removed wooden foreign bodies.

fig -4 measurement of foreign bodies.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