



A forgotten plant foreign body into orbit

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Abstract

Purpose: Report a case of forgotten foreign body. A twig is perforated the upper eyelid with complicated orbital abscess and ptosis was forgotten 3 weeks from the onset because of closed wound. The surgery of removal foreign body and improve complications were noted.

Design: case report of clinical diagnosis and intervention.

Diagnosis- Main measures: clinical signs, paraclinical and history's patient.

Paraclinical:

- X-ray: no sign is detected as twigs did not opacity in X-ray.
- Ultrasound: showed foreign bodies in the orbit, but does not specify the shape, the size of the object. Foreign body into the orbit through upper lid causing abscess and ptosis was diagnosed.

Interventions: surgery and results:

Foreign body that is a dry tree twig with size 3mmx16mm was removed on day 22nd since foreign body into the eye. One week after surgery: both eyes open near normal. Three weeks after the removal of foreign body, the right eye completely rehabilitated, vision 10/10, IOP 17mmHg

Conclusion: The initial management and closely monitor patients every day has an important role to remove the foreign body as soon as possible, to minimize complications contribute to the success of treatment.

Patients with complications and delay in hospital admission and whether did not find any foreign bodies or not:

- Careful detail history's patient, especially object is small sized such as twig of tree.
- Combining the clinical signs: deeply orbital abscess, using strong pressing on the wound to detect the pus out, hyperemia of conjunctivitis, diplopia, ptosis...after trauma.

• Signs of subclinical: ultrasound, X-rays, CT.

3. Perform surgery for pus drainage as well as detect foreign body helping remove foreign body sooner with results expected.

Keywords: foreign body, orbital abscess, trauma ptosis, para-clinical signs, surgical treatment

Introduction

Penetrating eye injuries due to foreign body often cause serious damage to the eyes and vision. In the case of contrast object can be determined by X-rays [1]. In the case of object cannot be determined by X-rays, ultrasound image [2, 3], computerized tomography (CT) can be used to confirm [4]. Treatment consists of surgical removal of foreign body, damage recovery and medical treatment of complications such as infection [5, 6]. The initial management of removal of foreign intervention as soon as possible to minimize complications and closely monitored to avoid missed diagnosis in most of the cases the patient to delay in hospital admission with a closed unhealed wound no seeing of any traces of foreign bodies. These are contributing to the success treatment [6, 7].

This article reports a dry twig tree perforated into orbit through upper lid caused orbital abscess and ptosis. Because of unhealed wound until day 22nd, the patient should guide to the eye specialist. At here a foreign body was diagnosed and was treated by abscess debridement as well as removing this foreign body.

Case Repots

A 34-year-old-male patient while working he had suddenly fallen and a twig of dry coconut tree had suddenly perforated into the orbit through upper lid of his left eye three weeks ago.

The patient visited at the village health station several times with chief complain: the eye lid dropping with difficult to open and an unsealed wound with pus while pressing. The patient was treated with some antibiotics and anti-inflammatory drugs as but patient's condition did not recovery. Then patient was sent to eye doctor after 3 weeks.

Eye examinations

On the 22nd day from onset foreign body into the eye. Patients with moderate ptosis, lid slit 25mm - tumor size = 5mm (diameter) x10mm (length). Visual acuity RE = 10/10-LE = 10/10 but feel uncomfotable in daily activities because of moderate ptosis.

Intraocular pressure RE/LE 17mmHg. Oculomotor: normal. The

Other parts of the eyes: nothing abnormal detection Paraclinical: RBC= 4, 7million / mm³ WBC = 9.000 // mm³ TS = 3 TC = 7.

Result of pus culture and antibiogram showed bacteria Gram (-), sensitive to erythromycin, ciprofloxacin.

X-ray: no abnormal sign is detected ^[1].

Ultrasound: A wave showed for strange body, but did not specify the shape, the size of the object ^[2,3].

Diagnosis

A forgotten foreign body into orbit through upper lid caused abscess and ptosis complications on the day of 22 nd.

Treatment

Preoperation

Antibiotics: Ciprofloxacin 500mg x2/day combined anti-inflammatory prednisolone 25mg / day ^[5,6].

Diagnosis: LE= orbital abscess with ultrasound images: foreign body.

Treatment

Surgery: Local anesthesia eyelid. An incision through the tumor 12mm was opened and a strabismus hook was used for detecting foreign body. After abscess debridement, a foreign body that located at internal rectus muscle was removed by this hook. The depth position of foreign body was about 22 mm. Foreign body is a dry twig of coconut tree with size 3mm x16mm.

One week post- surgery: lid slit = 4mm, no diplopia. Two weeks post-surgery: lid slit = 8mm and both eyes open normally.

Some considerations

- The initial management and close monitoring of patients each day with the foreign body into the orbital eye have an important role in order to remove the foreign as soon as possible, to minimize complications contribute to the success of treatment.
- In case of the patient came lately with complications: Take carefully the patient's history as well as paraclinical signs must be necessary to confirm foreign body. In the case of object is twig of tree, X-ray is not useful, a combination of clinical signs and a probe of ultrasound may be useful in diagnosis.
- Perform surgery for abscess debridement as well as to remove foreign bodies with results expected.



LE= Moderate ptosis; At the lateral upper lid:
A tumor 5mm x 10 mm size with foreign body through inside

Fig 1

Conclusion

A forgotten foreign bodies into the orbit with complications was reported. This was lately diagnosed the foreign body on the 22nd day of onset. Some considerations on primary eye care, paraclinical and clinical features, medical and surgical treatments were discussed.

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