CIRURGIA VITREORETINIANA E TRAUMATOLOGIA 08:30 | 10:45 SALA NEPTUNO

Mesa: David Martins, Natália Ferreira, Ricardo Faria

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VD1- LONG-STANDING INTRAOCULAR FOREIGN BODY. WHAT TO EXPECT?

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Introduction: Ocular trauma remains a major cause of blindness, particularly in the working-age population. Intraocular foreign bodies (IOFB) frequently accompany penetrating ocular injuries and the most serious problem is the resulting impairment of visual function. In this clinical case we report a retinal metallosis due to a long standing metallic intraocular foreign body.

Methods: Clinical case report followed between 2014 and 2015.

Results: A 49 year-old man, with an ophthalmologic history of right eye penetrating trauma complicated with failed IOFB removal. Presented in our department two years later complaining of progressive vision loss of the same eye. The patient also referred a left eye traumatic optic neuropathy since childhood.
On examination the patient had a right eye (OD) best corrected visual acuity of 6/10 on Snellen scale, counting fingers on the left eye (OS). Pupillary reflexes were slowed bilaterally. The anterior segment evaluation of OD revealed a healed corneal wound at 5 o'clock with an associated iridectomy near the iridocorneal angle and a cortical cataract; OS was unremarkable. OD fundus examination showed a hazy vitreous, with an intraocular foreign body located in the mid-peripheral retina; OS had optic nerve atrophy. Ophthalmic ultrasound and orbit X-ray confirmed a metallic intraocular foreign body. Right eye full field electroretinogram revealed a global retinal dysfunction.
The patient was admitted to surgery with removal of a metallic IOFB. One month after surgery the retina was attached and the patient had a right eye best corrected visual acuity of 10/10.

Conclusions: Small intraocular bodies can be tolerated for a long period of time, but eventually retinal toxicity as other complications such cataract and vitreous changes may need surgical intervention. This clinical case shows how to perform the extraction of an IOFB and suggests that visual recovery from retinal metallosis can be attained after surgical intervention even with a long-time lapse.