

AN UNUSUAL PRESENTATION OF NEGLECTED NASO-ORBITAL FOREIGN BODY

Govind Singh Titiyal¹, Shanti Pandey², Vimlesh Sharma³.

1. Associate Professor, Department of Ophthalmology, Dr. S.T.M. Govt. Hospital & Govt. Medical College, Haldwani District. Nainital, Uttarakhand.
2. Assistant Professor, Department of Ophthalmology, Dr. S.T.M. Govt. Hospital & Govt. Medical College, Haldwani District. Nainital, Uttarakhand.
3. Assistant Professor, Department of Ophthalmology, Dr. S.T.M. Govt. Hospital & Govt. Medical College, Haldwani District. Nainital, Uttarakhand.

CORRESPONDING AUTHOR:

Dr. Govind Singh Titiyal,
Associate Professor,
Department Of Ophthalmology,
Govt. Medical College Haldwani,
Nainital Uttarakhand -263139.
E-mail: gstitiyal@yahoo. co.in

INTRODUCTION: A 19 year old male patient, resident of Pithoragarh, presented in our eye OPD on 3rd January 2012, with chief complaints of diminution of vision, mucoid discharge, watering, redness on & off, inward displacement of left eyeball, restricted movement of left eye ball.

These complaints were persisting for 3 years. There was a history of trauma with wooden arrow stick in left eye 3 years back, which was removed, without investigating, and repair was done, elsewhere. But the patient was not relieved

EXAMINATION: Vision - PL+ and PR accurate Left eyeball was deviated medially Force duction test – positive Ocular movements were restricted in all gazes Conjunctival congestion was marked. Some granulation tissue was seen at medial canthus.

INVESTIGATION: Blood and urine reports - within normal limits CT scan findings were suggestive of hypodense foreign body in left orbit, which is coursing from medial canthus from region of left lacrimal sac with its distal tip in right sphenoid sinus and leading to fracture of medial orbital wall and the ethmoid septae with pansinusitis

TREATMENT: After getting informed consent from the patient, injectable antibiotic cover and topical antibiotics was given for 5 days pre operatively.

The foreign body was removed in the presence of an ENT surgeon & an anaesthetist .The foreign body was wooden in nature, 6.1cms long and 0.9cm thick, which remained there for about 3 years as neglected foreign body. The sinus which it created was packed.

Post op CT: Showed no residual foreign body with bony defect of medial orbital wall in the region of lamina papyracea and ethmoid septae with polypoidal mucosal thickening in the left maxillary sinus.

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CONCLUSION: A foreign body should be considered seriously in every case. A high degree of suspicion and judicious use of imaging techniques helps in improving the outcome.

DISCUSSION:

- While plain wood might be well studied by X-ray inspection, certain features remain less apparent in the resulting images (1).
- It is critical to detect wood as organic foreign bodies can lead to a number of complications including cellulitis, abscess, panophthalmitis, fistula formation and increased mortality(2).
- Helical CT scanning is considered the diagnostic method of choice for the detection of intraocular foreign bodies and is preferred over both MR imaging and Sonography (3,4,5).
- Mc Guckin, in their invitro model, concluded that CT was the preferred imaging modality for wooden foreign bodies (5).
- MRI can only be performed after excluding any metallic foreign body, is time consuming and more expensive (6).

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6. Jin A Lee, Hae Young Lee. A case of retained wooden foreign body in orbit. *Korean J Ophthalmol.* Vol 16: 114-118;2002



FIGURE NO 01 & 02

ORIGINAL ARTICLE

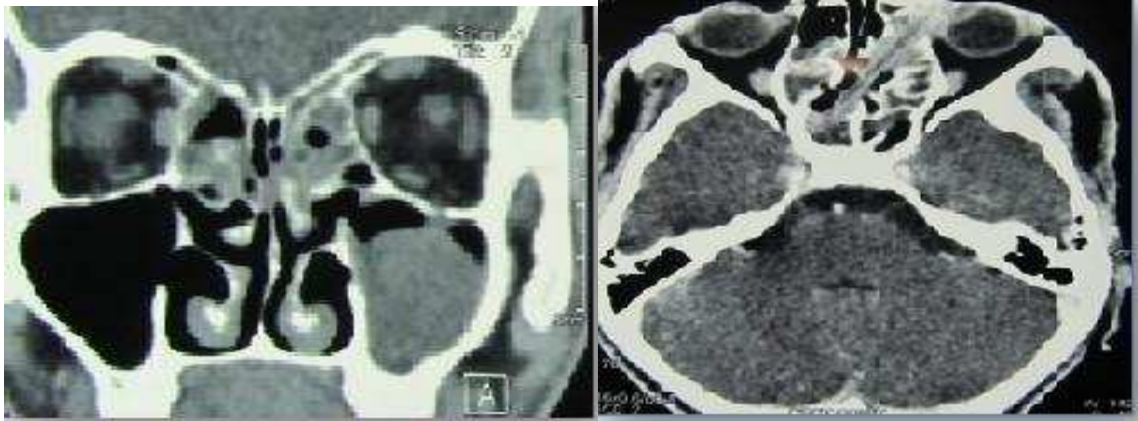


FIGURE NO 03 & 04

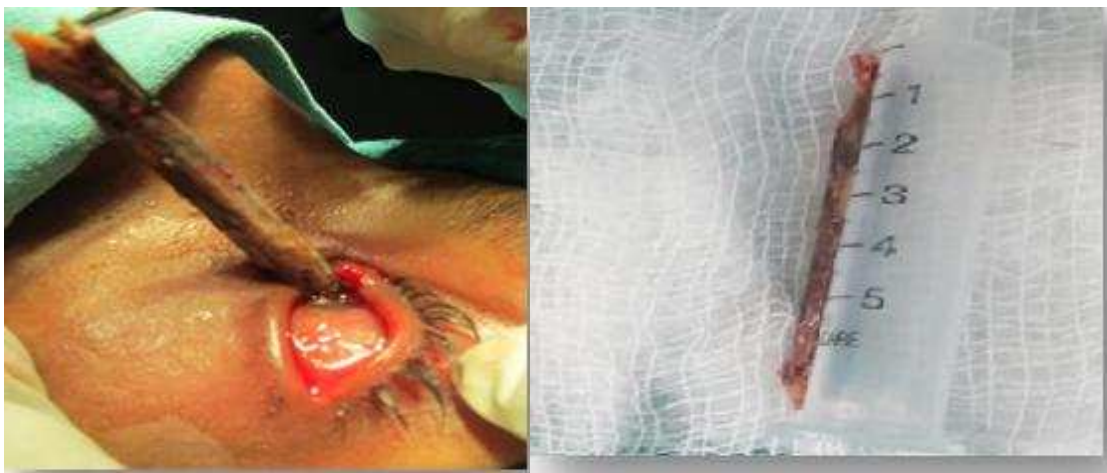


FIGURE NO 05 & 06

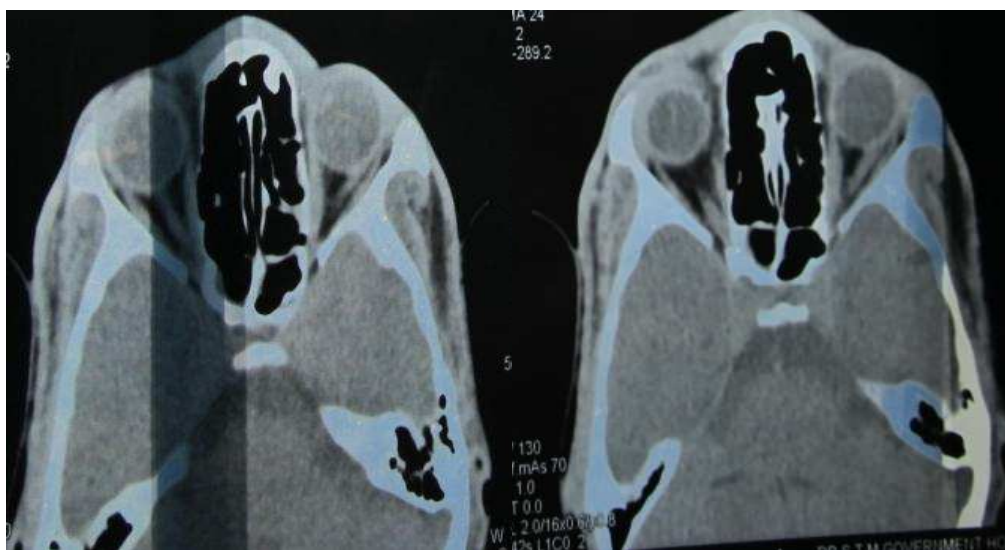


FIGURE NO 07 & 08