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RESEARCH ARTICLE

A PECULIAR CASE OF RETAINED INERT INTRA OCULAR FOREIGN BODY MIMICKING AS IRIS NODULE A RESULT OF FIRECRACKER

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ABSTRACT

India is land of diverse cultures and festivals. In these gay festivities the lighting of crackers play an integral role. Not only in festivals but in marriages and various functions of the family, the fire crackers play an integral role. This holds especially true in Indian sub continent. Every year hundreds of individuals, from children to adults report to various hospitals for treatment due to various injuries resulting from fire crackers. This varies from mild corneal abrasions to frank perforations.

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INTRODUCTION

The most common firecracker causing injury in study were bombs followed by sparklers and homemade devices. Even though sparklers were reported to cause minimal injuries in one of the studies, were not found to be innocent in our study (Puri, 2008). Most bottle rocket injuries were of a serious nature. Many of the injuries were caused as a result of negligence of those igniting the firecrackers. Some of the severely injured patients reported device malfunction as the cause of their injury. Ocular injuries by firecrackers are common during 'Deepavali'. Lack of knowledge about safety measures or not following them was a reason for eventualities. Absence of parental supervision, and failure to maintain safe distance from firecrackers were contributory in some cases of injuries^{2,3}. The other major cause of injury is the common practice of igniting firecrackers in the streets thus exposing passersby to injury. Injuries to the eye and adnexa constitute about 20% of firecracker injuries. Many studies have reported on ocular injuries caused by firecrackers (American Academy of Pediatrics, 2001; Witsaman, 2006). The reported injuries range from conjunctival or corneal burns to globe ruptures with interventions ranging from ocular wash to repair of globe perforation (Arya, 2001; Puri, 2008; Sacu, 2002).

Here we report a case of retained intra ocular foreign body which mimicked as an iris nodule which was present in eye for three years.

Case Report: We report a case of 57 year old male who visited out patient department of Dr. Radhakrishnan Medical College, Hamirpur. He complained of diminution of vision of left eye, specifically after trauma to this eye while witnessing burning of crackers in a wedding ceremony five years back. He complained of severe burning, watering and pain following the episode for which he consulted local practitioner, where he was told that he had multiple foreign bodies in eye, some of which were removed from the cornea and the rest were removed on subsequent visits. Since then he noticed gradual diminution of vision. His vision was recorded of both the eye, it was 6/24 of R/E and 5/60 of L/E. On examination of anterior segment, a multiple embedded foreign bodies were seen in stroma of the right eye. Similarly in the left eye same multiple foreign bodies were present. Further examination of left eye revealed anterior chamber to be of normal depth and contents. A yellowish 0.5 mm sized iris nodule was seen at 3 o'clock on pupillary margin. It was circular in shape and had caused atrophy of the surrounding papillary area. Anterior cortical cataract and Grade II nuclear cataract was seen in this eye. On fundus examination, optic disc and cup was found to be normal, however, rest of the details were not clear.

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Fig.1.



Fig.2.

Examination of right eye was normal. He was advised B- scan to rule out any retained intra ocular foreign body in the posterior segment. It was found to be normal in R/E but L/E demonstrated foreign body near the iris -lens junction at the same point where an iris nodule was seen. He was advised cataract extraction of L/E after getting medical fitness. During operation, lens was extracted and foreign body was removed and IOL was implanted. His post operative period was found to be uneventful.

DISCUSSION

An IOFB may be defined as any material either organic or inorganic that penetrates the ocular tissue. Intraocular foreign bodies can be classified according to the anatomical zone, position of foreign body, nature of IOFB and zones of ocular injury. Retained IOFB may be found anywhere in the eye i.e cornea, anterior chamber, angle, iris, lens, vitreous, retina and the sclera. Many retained Intra ocular foreign bodies have been reported in the past. What was peculiar about this IOFB was that it remained in eye quiet for about five years without eliciting any inflammatory response. It mimicked as an iris-nodule and what made diagnosis more difficult was absence of any perforation.

However it may be postulated that the foreign body of such small size can enter the anterior chamber through cornea causing perforation. But owing to its extremely minute size it becomes self sealing. This happened in our case too and what was astonishing was absence of any signs of inflammation. Still surrounding iris developed atrophy and cataract also developed which was promptly managed. Hence, it may be safely concluded that all iris nodules should not ignite in our mind the suspicion of granulomatous uveitis. A detailed history should be elucidated and we may be surprised with the diagnosis.

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