

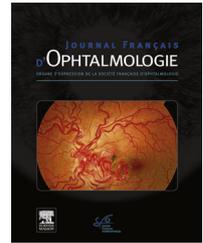


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LETTER TO THE EDITOR

Long standing well-tolerated intracorneal thorns



Épines végétales intracornéennes bien tolérées

It is well known that organic foreign bodies (insect's parts and vegetables fragments) are poorly tolerated. Indeed, they tend to be contaminated and, therefore, lead frequently to acute pyogenic panophthalmitis and/or delayed

fungal ocular infections. Herein, we present an unusual case of intracorneal wooden foreign bodies that were well tolerated for a period of one year.

A 55-year-old man, presented for a routine ocular exam. On examination his visual acuity was 20/20 bilaterally. On slit lamp examination, two vegetal thorns (black arrows, Fig. 1A and B) were incidentally found to be deeply embedded in the cornea of the left eye (white arrowheads, Fig. 1C and D), the surrounding stroma appeared quiet. The largest thorn projected into the anterior chamber (Fig. 1C), the

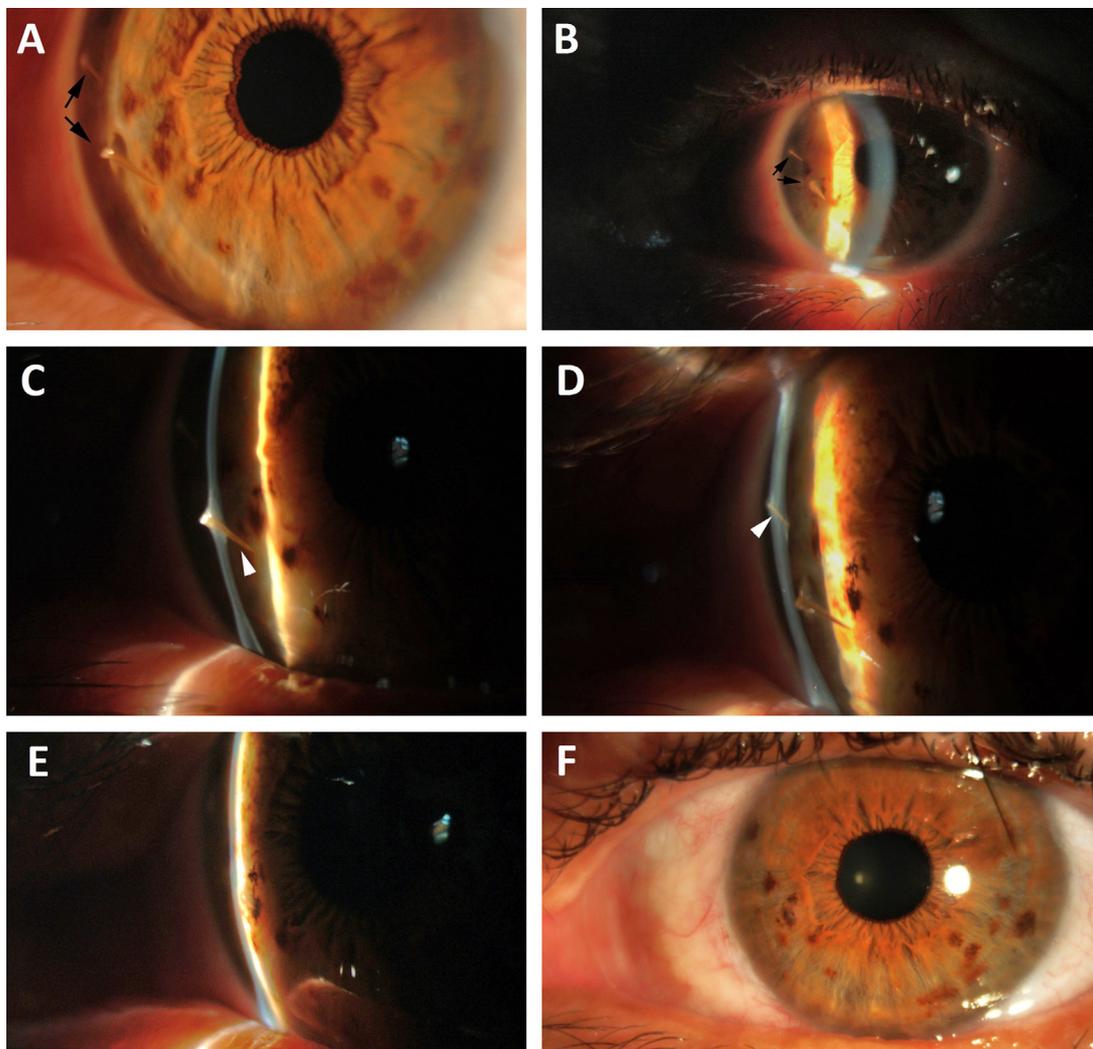


Figure 1. Slit lamp examination showing two intracorneal thorns (black arrows, A and B) deeply embedded in the corneal stroma (arrowheads, C and D). The largest one projected in the anterior chamber (arrowhead, C) that was calm. E. Complete emptying of the anterior chamber, after removal of the largest thorn. F. Aspect after 6 months follow-up.

latter was deep without aqueous cells or flare. No vitritis was present on funduscopy. The rest of a detailed bilateral ophthalmic examination did not show any other corneal or scleral scar.

Otherwise, the patient reported an ocular injury, by a cactus, 1 year ago. However, he denied any ocular discomfort.

We, then, decided to remove the thorns using micro-forceps and 27 Gauge needle as a hook.

After removal, the largest thorn left a corneal defect that caused a complete emptying of the anterior chamber (Fig. 1E). A contact lens was then placed and prophylactic antibiotic and anti-amoebic eye drops were prescribed.

At 6-month follow-up, the patient continued to be asymptomatic with 20/20 visual acuity (Fig. 1F).

The particularity of our case is the tolerance of a woody foreign body that clearly projected into the anterior chamber without inciting any inflammatory reaction. The mechanisms involved in such tolerance phenomenon remain unclear. Perhaps this would be related to the bacterial load which wasn't high enough to set off an inflammatory reaction.

As regards the management of such well-tolerated ocular foreign bodies, the most suitable option depends mainly on: its localization, associated ocular damages and its functional impact, and the iatrogenic risk of a potential therapeutic action. Knowing that many other authors opted for a therapeutic abstention, either because of its inaccessibility [1] or the lack of a functional impact [2]. Otherwise, it is feared that the disorder may progress [3], so a regular clinical monitoring should be set. In our case, the risk of a potential

migration of the thorn with subsequent intraocular damages was high enough to consider a surgical extraction.

Disclosure of interest

The authors declare that they have no competing interest.

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