



Voluminous Intraorbital Wood Foreign Body: about a Case

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ABSTRACT

A 6-years-old girl was admitted in the ophthalmology emergency room for right penetrating intraorbital trauma by a voluminous piece of wood. The intraorbital trajectory was analyzed by CT scan and 3D images reconstruction. The wood foreign body has crossed upper and lower eyelids and then has emerged from the right nasal cavity through the medial canthus. The eyeball was intact. Extraction of the fragment associated with an adapted antibiotic treatment led to clinical improvement with complete recovery. This trauma, despite its serious aspect, fortunately did not have functional consequences.

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Introduction

Penetrating trauma of the orbit by organic foreign bodies (wood) are rare, often unrecognized and have a high rate of infection complications [1, 2]. Their severity depends essentially to their kinetics, their trajectory, and especially existence of associated ocular structures lesions [1, 2]...

A 6 year old girl is brought to the emergency room with an accidental right orbital trauma.

On admission, she was conscious and agitated. Clinical examination noted the existence of a large piece of wood with a rather particular trajectory: First it has entered by the canthus of the right upper eyelid, next he penetrated through the upper orbital rim and then he came into the medial canthus of the right eyelid (Figure 1)

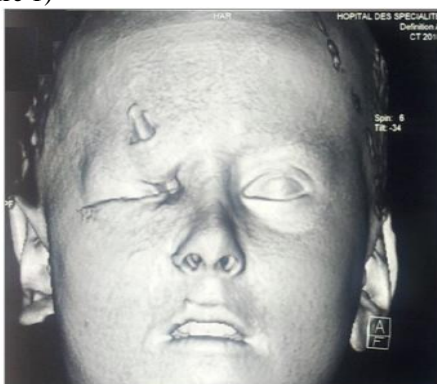


Figure 1. Three-dimensional reconstruction technique in volume rendering, front view. Points of entry of the foreign body at the two upper and lower right eyelid and internal canthus

The opening of eyelid was impossible. Neurological examination has found no deficit. The orbital CT scan showed that the foreign body went along the inner wall of the right orbit: He penetrated the right upper and lower eyelids straight and is externalized through the right nostril, passing through the inner canthus (Figures 2 and 3).



Figure 2. Image computed tomography (CT) not injected in axial section. Reports of the foreign body abroad with the eyeball. The eyeball appears intact



Figure 3. Image computed tomography (CT) not injected in frontal section. Externalizing the foreign body through the right nostril

There was no orbital hematoma and the eyeball was intact. Reconstructions of the orbital scan found that the piece of wood measured about 11.5 cm long and 1.5 cm in diameter. We carried out the extraction of the foreign body in collaboration with ENT surgeons using a light pressure on its distal end through the right nostril (Figure 4).

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Figure 4. Aspect of the foreign body (wood)



Figure 5. Image of the girl 1 month after surgery. Regression of eyelid edema. Good eyelid opening. No inflammation. Scars in the right canthus (arrows)

Exploration showed no associated lacrimal lesions. The inner and outer orifices were closed by resorbable vicryl 6-0. Anoral antibiotic prophylaxis was started preoperatively and continued for 10 days to prevent infection.

After 1 month, Visual acuity was 12 / 10 P2 with white and painless right eye. The entering and exiting orifices were clean and eyelid edema decreased significantly (Figure 5).

There was no diplopia or oculomotor deficit.

Conflict of Interest

None.

References

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