Intra-Orbital Foreign Body in a 7 Month Old

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Introduction: A case of orbital trauma with retained intraorbital foreign body demonstrating the importance of appropriate imaging technique in management and prevention of mortality.
Case Description: OT, a 7month old female, was referred to our eye clinic with one month history of right eye swelling and discharge following trauma from a stick that was thrown at her. She had received first aid at a private facility and a piece of wood was removed at the referring hospital a week post trauma. She presented with features suggestive of an orbital abscess. The right globe was intact, the left eye was normal. The possibility of a retained foreign body was entertained. A cranial CT scan was immediately requested for but could not be done due to financial constraints on the part of parents. She was admitted, immediately had incision and drainage done. Topical and parenteral medication were commenced. Orbito-ocular ultrasound scan was normal. Culture of aspirate obtained from the incision and drainage done at admission yielded growth of E.coli. Wound exploration was done on the fifth day on admission and a wooden fragment (13mmx3mm) was removed. Lid odema resolved but a persistently discharging sinus despite use of sensitivity-guided antibiotics warranted an appeal fund to finance a cranial CT scan, which was done after two weeks on admission. Result showed a retained foreign body at the orbital roof. Surgical exploration was immediately repeated with the maxillofacial surgeons[1]. Four pieces of wood measuring 34mmX12mm, 20.5mmX5.5mm, 8mmX6mm, 10mmX4.5mm were removed. She was discharged home seven days after.
Discussion: The importance of aggressive medical therapy and adequate imaging technique for proper localization of any retained foreign body when confronted with ocular trauma, especially in the paediatric age group is highlighted[2,3]. Progression to cerebral abscess and mortality was averted[4].
Conclusion: Ocular trauma in the paediatric age group may not be totally preventable but mortality from ocular trauma can be prevented.

References

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