Oral | Abstract 233

OCULAR TRAUMA

INTRAOCULAR FOREIGN BODIES

Oral Presentation

Stamenkovic M.*, Popovic M., Ardeljan A., Plavsic M., Potkonjak N.

Eye Clinic, University Medical Center Zvezdara ~ Belgrade ~ Serbia

Classification and definition of ocular trauma was based on the Birmingham Eye Trauma Terminology. . An intraocular foreign body (IOFB) is encountered in 18% to 41% of open globe injuries. Patients with IOFBs are overwhelmingly male (>90%) and young. Mean age at presentation is 25 to 39 years. Majority have good preinjury visual acuity. Considering subtle signs that may suggest the presence of an IOFB: unilateral uveitis, focal lens opacities, IOP asymmetry, pupil asymmetry, iris heterochromia and self-sealing wounds.

Consecutive series of 41 eyes with IOFB presented at the Eye Clinic, University Medical Center Zvezdara from 2018 to 2025. Data on the history of injury, preoperative status of the eye, and management of injuries were collected retrospectively. Slit lamp examination was carried out on all eyes without the use of a contact lens. Best corrected visual acuity (BCVA) was determined with the Snellen E chart. The site of the wound in the globe wall, the number, material, location all were recorded if known.

The mean patient age was 38.44 years. There were 38 male patients and 3 female patients. There were 20 (48,78%) right eyes and 21 (51,22%) left eyes involved. Follow up time was 20.5 months(6-41). The most frequent injury mechanism were hammering 17 eyes(41,46 %). Location of IOFB: anterior segment 19 eyes (46.34%), posterior segment 22 eyes (53.66%). Final BCVA: • Less 0.1 20 eyes(48.78%) • 0.1-0.4 9 eyes (21.95%) • 0,5 and more 12 eyes (29.27%)

Initial VA after ocular trauma reflects the severity of intraocular tissue damage in most eye injuries. In particular, when the damage involves the posterior segment, the tissues of which are not easily repaired in structure and function, poor presenting VA often predicts poor final vision. Larger wounds are at increased risk for poor final vision. IOFB location in the posterior segment has a worse prognosis. The ratio of poor final vision was higher in eyes with associated endophthalmitis. IOFB material was not factor, but wooden foreign bodies were more likely to cause an infection.

Laila T Ababneh , Hasan Mohidat , Heba Abdelnabi, Mohammed F Kana'an, Nour A Tashtush, Omar S El-Mulki, Abdelwahab J Aleshawi. Hospital-Based Ocular Trauma: Factors, Treatment, And Impact Outcome. Clin Ophthalmol. 2019 Oct 31;13:2119–2126. doi: 10.2147/OPTH.S223379.