

Management of ocular trauma associated with cataracts and IOFB

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Cases with penetrating eye injuries with intraocular foreign body and traumatic cataract are very challenging because they require a very serious and complex approach. The purpose of this paper is to present our experience in the treatment of eye trauma of a 28-year-old patients.

The patient was admitted in our hospital because of acute loss of vision of the right eye caused by ocular trauma. On slit lamp examination the patient had a corneal penetrating wound with traumatic cataract. CT images showed a metallic intraocular foreign body (IOFB).

In this case we performed the following surgery on the affected eye: cataract extraction, primary posterior capsulorhexis, Pars Plana Vitrectomy in 23-gauge, removed the IOFB and implanted an intraocular lens (IOL) in the capsular bag. In the end of surgery we used intravitreal antibiotics for endophthalmitis prophylaxis, vancomycin (1.0 mg/0.1 mL) and ceftazidime (2.25 mg/0.1 mL) to cover gram-positive and -negative bacteria.

With topical antibiotic and steroid therapy, the postoperative course was without complications

In conclusion, in cases with eye trauma associated with cataracts and IOFB which you could not remove through the 23 gauge, one of solution is primary posterior capsulorhexis as well as the removal of IOFB through corneal incision. A large pars plana incision can increase the risk of retinal incarceration, vitreous hemorrhage, retinal detachment, wound healing complications, and secondary cataract.