Annals of Emergency Medicine: Images in Emergency Medicine

Overview:

Photographs of interesting or classic presentations of disease, accompanied by a 1 paragraph description of the patient's presentation and a 1-2 paragraph discussion of the final diagnosis and relevant teaching points (250 words maximum total). Images may include radiographs or microscopy, but not ECGs. At the discretion of the editor, images may appear in the electronic version of the journal only. Sample Image collection

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Case Example

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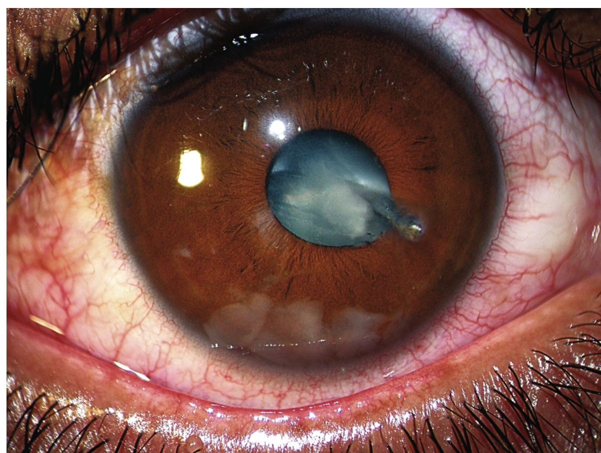

Figure 1. Slit lamp examination of the affected eye, frontal view.

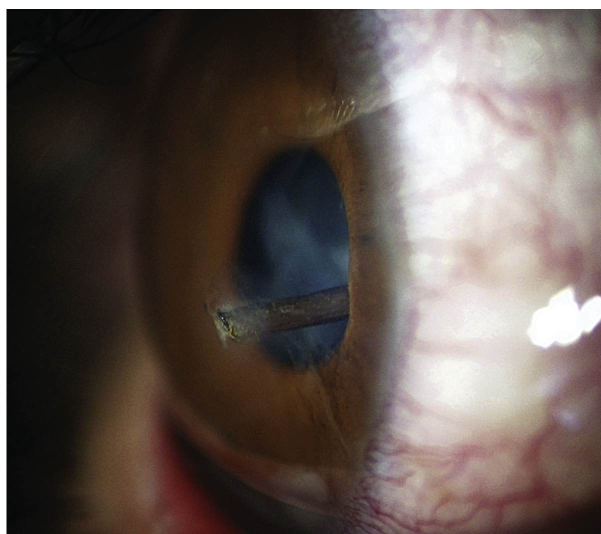

Figure 2. Slit lamp examination of the affected eye, profile view.

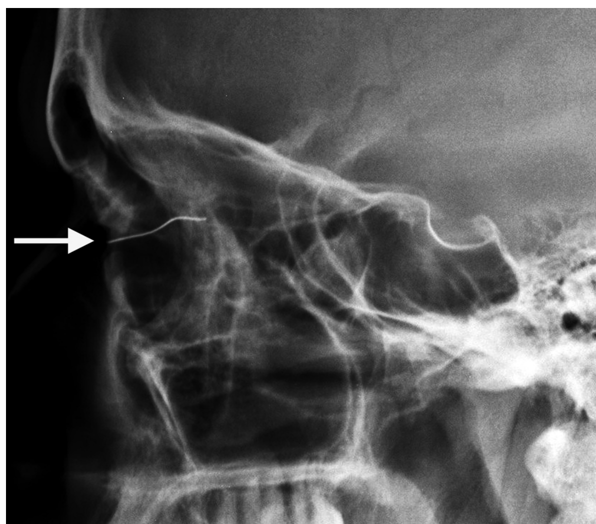

Figure 3. Orbital radiographs identifying a foreign body (arrow).

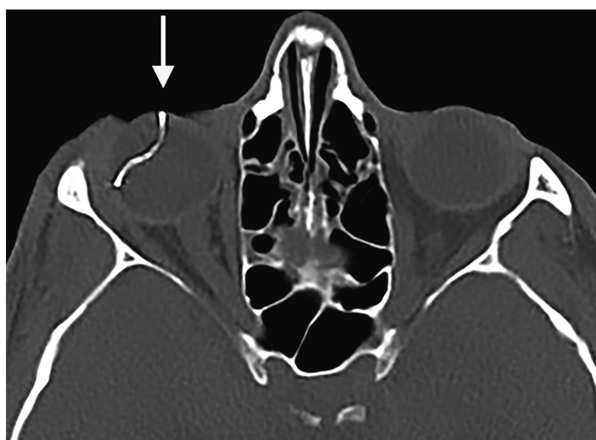

Figure 4. CT with axial view reconstruction demonstrating a foreign body (arrow).

[Ann Emerg Med. 2015;65:636.]

A 22-year-old man presented to the emergency department with blurry vision and pain in his right eye. While sawing an iron wire, he felt a foreign body strike his right eye. Visual acuity was hand motion in his right eye and 20/20 in the left eye. Slit lamp biomicroscopy showed a corneal wound with a wire extending to the lens, resulting in a ruptured traumatic cataract (Figures 1 and 2).

For further discussion on this case, see page 637.
For the diagnosis and teaching points, see page 648.
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IMAGES IN EMERGENCY MEDICINE

(continued from p. 636)

DIAGNOSIS:

Traumatic intraocular foreign body. Orbital radiographs revealed a wire-shaped intraocular foreign body much longer than it appeared on the slit lamp examination (Figure 3). Computed tomography (CT) revealed a linear structure with metallic density extending from the cornea to the posterolateral wall of the globe (Figure 4). The patient received a tetanus vaccination booster and intravenous antibiotics and was admitted to the operating room for removal of a 21-mm-long intraocular foreign body and corneal wound repair. A pars plana vitrectomy with cataract extraction and intraocular lens implantation was performed in a second stage. Final visual acuity of the affected eye improved to 20/50.

Traumatic intraocular foreign bodies are serious open globe injuries with a high risk for endophthalmitis and ocular metallosis.[1] Orbital radiographs and CT are critical in the diagnosis and localization of these foreign bodies.[2] Ocular ultrasonography can enable detection of coexisting retinal or choroidal detachment and vitreous hemorrhage.[3] Metallic foreign bodies need to be removed urgently to prevent endophthalmitis and ocular metallosis, and further repairs may be needed in subsequent surgical stages.

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