





OCULAR FOREIGN BODIES


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- Ocular FB could be extra ocular, corneal or intraocular.
 - Types of FB vary from vegetative matter to non vegetative matter like Insects, Sand, Metal particles etc.
 - Extra- ocular FB may ascend and lodge in the superior conjunctiva fornix and produce chronic conjunctivitis.

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- This may cause a pattern of vertical scratch marks on the cornea if the embedded FB on the tarsal conjunctiva surface rub on Cornea when blinking.
 - Corneal FB can cause pain and irritation especially during eye and eyelid movement.
 - Small FB may be washed along the tear film into the lacrimal drainage system.



MANAGEMENT

- Corneal FB if allowed to remain the eye results in risk of secondary infection.
- Apply topical anesthetic eye drop like Proparacaine hydrochloride, tetracaine hydrochloride or can use ordinary lignocaine 2%.
- Never supply anesthetic to patient for repeated use as this delays healing. This can also cause Corneal Ulceration.

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- Use a spud or fine-gauge needle with adequate lighting to remove FB.
 - A cotton-tipped applicator should not be used because it rubs off a large area of epithelium often without removing FB.
 - Rust around metallic FB should also be removed.
 - After FB removal antibiotic ointment or eye drop should be instilled into the eye.
 - Pad the eye if there is a wound or Corneal Abrasion.
 - Never use steroid eye drops after FB removal.

INTRA – OCULAR FB

- High velocity FB may penetrate the eye and lodge intra-ocularly.
- Magnetic removal may be used in metallic FB.
- Microsurgical technique can be done in operating theatre.
- Stone and organic FBs are likely to result in infection.
- Glass, plastic, gold and silver are inert.
- Iron and copper may undergo dissociation and result in siderosis and challosis respectively.