

Comment on: Removal of full-thickness vertical corneal stromal wooden foreign bodies: An innovative ab-interno technique

Dear Editor,

We read with interest the article "Removal of Full-Thickness Vertical Corneal Stromal Wooden Foreign Bodies: An Innovative *Ab Interno* Technique" by Sharma *et al.*^[1] We wish to congratulate the authors for their excellent discussion regarding the use of this technique. We used this technique over the past 10 years in several cases and have recently demonstrated its use in a video we posted at the American Academy of Ophthalmology ONE (Ophthalmic News and Education) Network platform in June 2020.^[2]

Our patient is a 46-year-old male who presented 5 days after being struck in the left eye by wooden brush. His visual acuity was 6/6 OD (ocular dexter) and 6/7.5 OS (ocular sinister). A vertically oriented wooden foreign body penetrated through the cornea into the anterior chamber, but it did not project above the corneal surface [Fig. 1]. A 4+ anterior chamber cell and flare with hypopyon and anterior vitreous cells were present. Computed tomography of the orbits revealed no other foreign bodies.

The patient was taken to the operating room for *ab interno* foreign body removal under a retrobulbar block. A nasal paracentesis was made, and the pupil was constricted with dilute acetylcholine chloride intraocular solution. The anterior chamber was then filled with dispersive viscoelastic. A cyclodialysis spatula was then used to push the foreign body retrograde along its entry tract [Fig. 2], and the foreign body was grasped securely and removed with vitrectomy forceps.

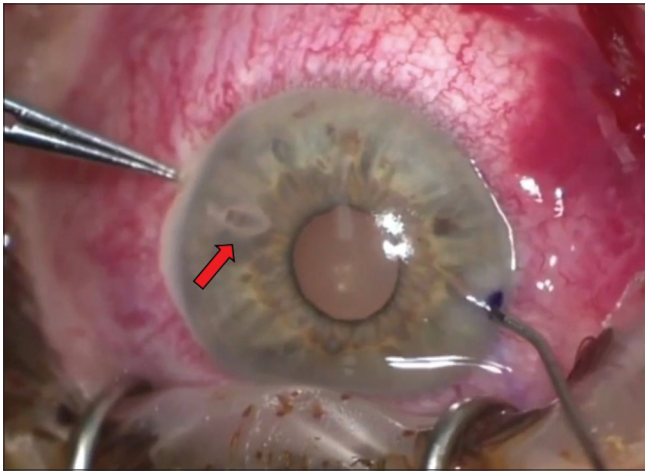


Figure 1: Vertically oriented wooden foreign body penetrating through the cornea into the anterior chamber (arrow). (Original)

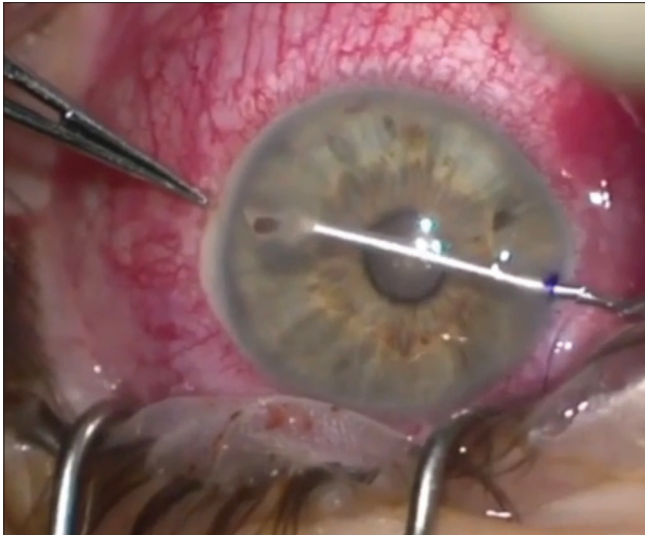


Figure 2: Cyclodialysis spatula used to push the foreign body retrograde along its entry tract. (Original)

The hypopyon and viscoelastic were removed with irrigation and aspiration, and histocryl glue was used to seal the corneal puncture. A bandage contact lens was placed for comfort. Because of delayed presentation and presence of hypopyon and vitreous opacities on B scan, intravitreal injections of vancomycin, ceftazidime, and voriconazole were performed. The foreign body was cultured and grew fulminant mold.

The patient had a 6/7.5 vision OS with no inflammation 1 week after surgery.

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Conflicts of interest

There are no conflicts of interest.

Joseph W Fong, Ahmed B Sallam

Department of Ophthalmology, Jones Eye Institute,
University of Arkansas for Medical Sciences,
Little Rock, Arkansas, USA

Correspondence to: Dr. Joseph W Fong, Department of Ophthalmology, Jones Eye Institute, University of Arkansas for Medical Sciences, 4301 W. Markham Street, Slot # 523, Little Rock, AR 72205, USA.
E-mail: jfong32@gmail.com

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