INTRAOCULAR FOREIGN BODY REMOVAL ASSISTED THROUGH THE EXTRUSION LINE

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Purpose: To describe an alternative vitreoretinal surgical maneuver, to remove metallic intraocular foreign bodies.

Methods: Two patients underwent vitrectomy to remove a metallic intraocular foreign body (IOFB). A 3-port vitrectomy was performed, a 23-G constellation vitrectomy equipment was used in both procedures, vitreous adhesions and vitreous detachment was carefully done, retina was partially detached at the IOFB location. Liquid perfluorocarbon was placed on the macula. As the vitreous adherences were cut, the IOFB was free from all potential tractional forces, the soft silicone tip cannula was held on to its surface, and at maximal vacuum aspiration, the IOFB was brought up to the anterior chamber, switching the light pipe for forceps in the other hand, and removed out of the eye. A complete as possible vitrectomy was performed, intraocular laser around the retinal brakes was performed, an intraocular lens was placed in the ciliary sulcus with the optic within the anterior capsule, and silicone oil was used as tamponade.

Results: No signs of intraocular inflammation were recorded postoperatively. Intraocular silicone oil removal was done at the third post-operative month in both cases, retina remained attached through follow up, both patients had over 9 months follow-up visits, visual acuity improved from initial presentation.

Conclusions: Active aspiration through the soft silicon tip cannula can be used to reach, and assist removal of metallic intraocular foreign bodies, being this maneuver safe, reproducible, possibly time-saving, and also it could potentially avoid the risk of IOFB mobilization, avoiding further damage to the retina.