

Surgical Retina

POSTERIOR SEGMENT INTRAOCULAR FOREIGN BODY (IOFB): TIMING AND INDICATIONS FOR PARS PLANA VITRECTOMY

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PURPOSE To describe a clinical case of a 25-year-old male with an IOFB and also to review current trends in management and timing of removal of posterior segment IOFBs.

METHODS The referral to our hospital of a young patient with an IOFB awoke the need for a review of recent literature regarding the management of penetrating globe injuries and IOFB extraction. A literature search in PubMed was performed, including articles published until January 2023, with preference given to papers published in the last decade.

RESULTS Potential advantages of early removal of IOFB include a possible decrease in risk of endophthalmitis, a decreased rate of PVR and a single procedure for the patient, yet correlation between early PPV and greater visual outcome has not been found. On the other hand, delayed IOFB removal may result in improved control of inflammation, the ability to assess intraocular structures further, and the possible development of a spontaneous PVD. It may also allow time to assemble appropriately skilled operating room personnel and equipment for a complex vitreoretinal surgery. In our particular clinical case, a delayed approach was chosen to ensure the latter. Globe repair with immediate IOFB removal is almost always recommended in patients with signs of endophthalmitis except in cases of a simultaneous life-threatening injury.

CONCLUSIONS There is considerable debate in the literature regarding delayed versus immediate IOFB removal. The decision must be guided by the patient's medical status, availability of adequate operating facilities and staff, and the presence of endophthalmitis.

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