

Management of intrastromal glass foreign body based on anterior segment optical coherence tomography and Pentacam analysis

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We read with interest the article by Huda et al. [1] which reported the clinical aspects and the imaging of a patient with intrastromal glass foreign bodies after a road traffic accident using both anterior segment optical coherence tomography (AS-OCT) and ocular Pentacam, and “demonstrated that AS-OCT and ocular Pentacam are effective and necessary procedures for both the diagnosis and follow-up of intracorneal foreign bodies”. While this paper contributed to our understanding of how AS-OCT and ocular Pentacam may potentially affect the management protocol in these cases, there are relevant additions that we will like to highlight. We encountered a very similar case in our emergency services last month as reported by the authors. A 35-year-old female patient presented with multiple intrastromal corneal glass foreign bodies. None of the foreign body was inside the visual axis, and there was no associated inflammation. The initial plan of management was to keep the patient on follow-up as glass is inert [2].

However, we planned to perform an AS-OCT and ocular Pentacam. The investigations revealed indentation of the endothelium with the glass foreign body on AS-OCT and irregular posterior surface leading to posterior corneal astigmatism on ocular Pentacam. Hence, a decision was made to remove the foreign body. Thus, this additional benefit of AS-OCT and ocular Pentacam needs to be added in management of intrastromal foreign bodies.

References

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