



BRAO CAUSED BY IOFB

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A 34-year-old man presented with complaints of sudden onset pain and diminished vision in his right eye after sustaining trauma caused by a machine at work. The patient's visual acuity at presentation was light perception, with projection faulty in the inferior quadrant. On slit-lamp examination, a full-thickness corneal tear and a traumatic cataract were noted. Ultrasound examination revealed the presence of an intraocular foreign body (IOFB) and vitreous hemorrhage.

Primary closure of the corneal wound and removal of the IOFB via pars plana lensectomy and vitrectomy was planned. The corneal tear was sealed with two interrupted 10-0 nylon sutures. To approach the foreign body, 25-gauge pars plana lensectomy was performed, followed by vitrectomy. Intraoperatively, after clearing the vitreous hemorrhage, a wedge-shaped metallic

IOFB could be seen lodged at the inferotemporal margin of the disc (Main Figure). Posterior hyaloid detachment was created using high vacuum. White discoloration of the retina was noted inferotemporal to the IOFB and extending along the inferior arcade, suggestive of a branch retinal artery occlusion (BRAO; Main Figure).

The IOFB was gently dislodged using the shaft of the vitreous cutter. The impact site was seen as an excavation on the inferotemporal margin of the disc (Insert, left). A pars plana sclerotomy was made in the superotemporal quadrant using a microvitrectomy blade, and the IOFB was removed through that incision with the use of an intraocular magnet.

The patient's postoperative recovery was uneventful. A secondary intraocular lens was implanted by our anterior segment surgeon after

2 months. At a 3-month follow-up visit, the patient's best corrected visual acuity had improved to 6/18. Fundus evaluation showed a chorioretinal scar at the impact site inferotemporal to the optic disc, and the retina within the inferior arcade showed whitish discoloration (Insert, right). ■

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