OPHTHALMIC HOSPITALIST INTEREST GROUP

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OPHTHALMIC HOSPITALIST INTEREST GROUP NEWSLETTER

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Announcements

New AAO/OHIG Online Community

What are OHIG members saying about fungemia, remote management advice, globe trauma? Join the conversation on the AAO OHIG Community!

AAO Fall Meeting

Save the date for the **OHIG Think Tank** at the fall AAO meeting, **Sat Nov 13th** at **4:00pm CDT**.

Engage with fellow OHIG members on issues relevant for hospital based care. Guest speakers to include **Mark Breazzano** and **John Bond** on the topic of fungemia and newly published AAO Guidelines.

Welcome New Members!

Excited to have you join OHIG! Please verify your information on the OHIG website. Thank you!

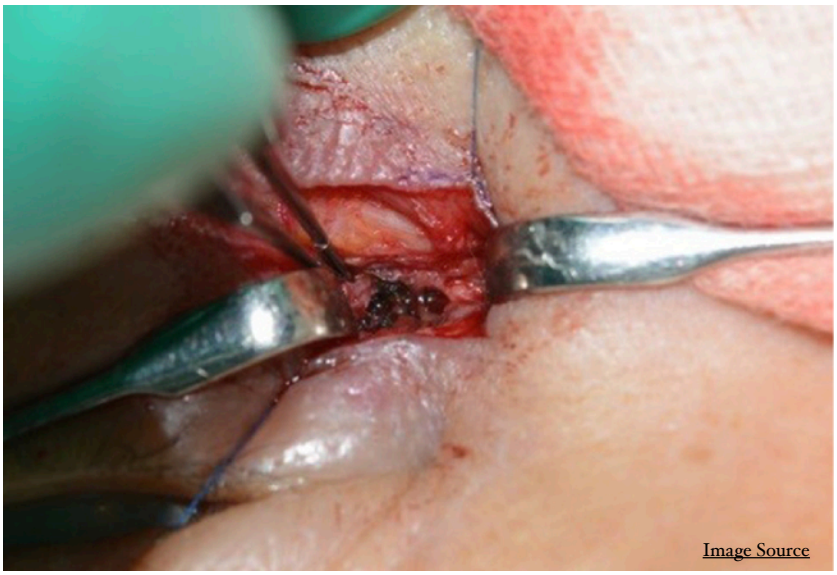


Image Source

Articles

Intraorbital Wood: Detection by Magnetic Resonaance Imaging, Ophthalmology, May 1990

Cases where MRI was particularly helpful for diagnosing orbital wood when it remained undetected on clinical exam, x-ray, ultrasound, and CT imaging.

Common Denominators in Retained Orbital Wooden Foreign Body, Ophthalmic Plastic and Reconstructive Sugery, Nov 2010

Signs, symptoms, and diagnostic challenges involving retained orbital wood foreign bodies which often go initially undetected.

Unrecognized Intraorbital Wooden Foreign Body, Archives of Craniofacial Surgery July 2018

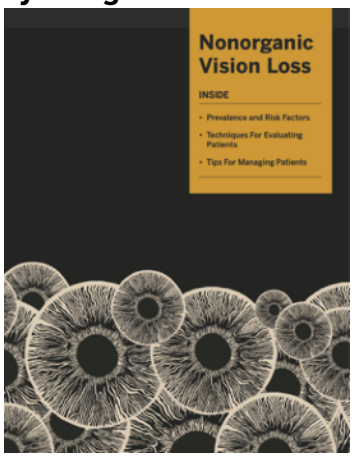
More discussion about diagnostic challenges for wooden orbital foreign bodies and morbidity with delayed management.

PEARLS

Neuro-Op at Your Fingertips

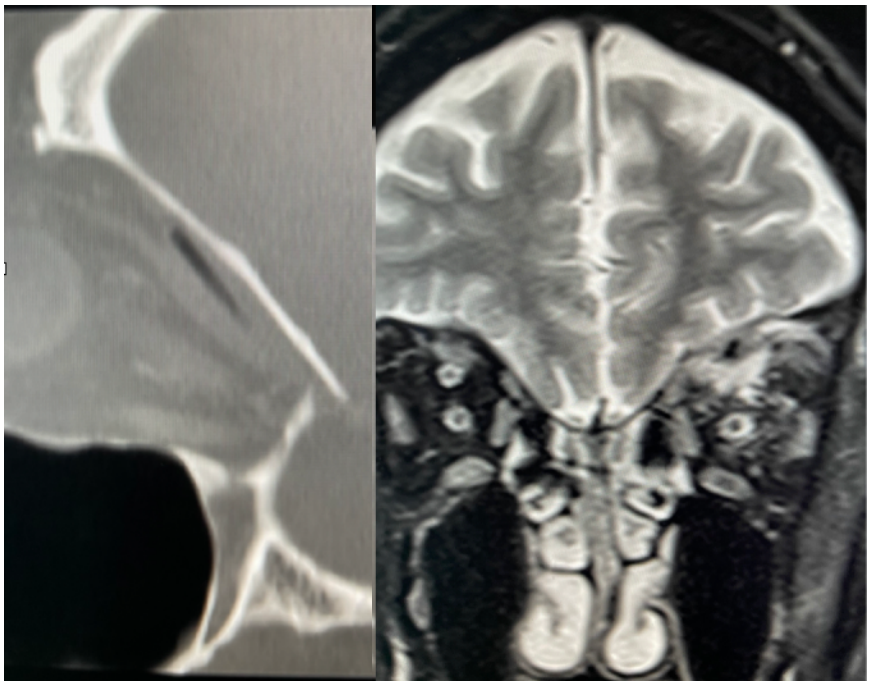
A helpful collection of videos, topics, and a quiz for residents put together by Jonathan Trobe from Univ of Michigan.
Click here

Eye Insights Newsletter



Mass Eye and Ear publishes a clinical newsletter twice a year with high yield, practice advice diagnoses relevant for consults.
Click here

CONSULT ROUNDS



You receive a page about 66 yo male with a history of DM, HTN, Anxiety, Depression, who experienced a fall at home resulting in left facial injury. The patient reports that he was working along the side of his pool when he stood up, lost his balance, and fell into a flower bed where a branch from a bush stabbed him in the left eye. He immediately pulled out a 2 inch branch from his face. Over the next two days, he developed worsening left upper eyelid swelling and blurry vision and came to the ER for evaluation.

On exam, the patient's visual acuity is 20/20 OU with normal pupils without APD. His external exam is notable for 2+ left sided periorbital edema with ecchymosis. There is no proptosis or resistance to retropulsion. He has mild downgaze restriction in the left eye but is otherwise full. The globe appears grossly intact other than diffuse conjunctival injection with nasal chemosis, 2+ PEE's, seidel negative, and normal dilated views. Examination of the right eye is wnl.

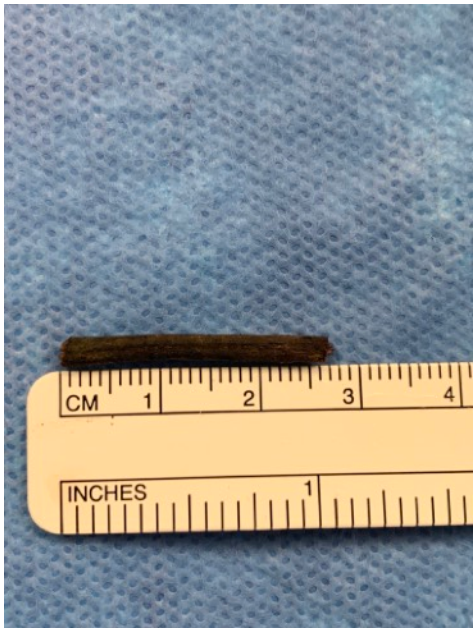
Orbital CT imaging was obtained and read out as "the globes are intact, no foreign bodies, preseptal soft tissue swelling, fat stranding intraconally superior to the left orbit and air tracking along the superior rectus muscle."

The patient was admitted overnight on IV and topical antibiotics. The next morning, his periocular edema had worsened with new left proptosis, resistance to retropulsion, and horizontal diplopia with abduction deficit OS.

Repeat CT imaging was obtained and showed similar radiographic findings. An MRI was also obtained and demonstrated a "linear focus of low signal intensity within the left superior orbit, just inferior to the orbital roof at the level of elevator palpebral superior rectus complex posterior to the globe the likely represents a small retained fragment of wood based on the clinical history."

ID was consulted and the patient was taken to the OR with Oculoplastics and NSG due to the proximity of the foreign body to the orbital apex. In the OR, a 2.7 cm piece of wood was removed from the left orbit.

The patient was transferred to the NSICU for observation and continued IV antibiotics. After a few days the patient improved. He was transitioned to oral antibiotics and discharged home in stable condition.



Case Comments:
Wood in the orbit can be a challenging diagnosis and it is extremely important to have a high index of suspicion based on clinical history. In these cases, an orbital MRI can be extremely valuable to help make the diagnosis.

What interesting orbital foreign body cases have you managed in the hospital? Share your experience in the AAO/OHIG Community!

Special Thanks to Dr. Rand Rogers (Oculoplastics) and Dr. Maggie Hymowitz for this interesting case !