A 75-year-old woman presented to the clinic with gradual, decreased vision. In 2001, she underwent iodine-125 brachytherapy for a melanoma in her left eye. In 2009, she was treated for a cataract with phacoemulsification and had an intraocular lens (IOL) placed. On slit-lamp examination, a foreign body was noted posterior to the IOL but anterior to the posterior capsule (image A). An infrared image (image B) revealed a tear in the iris (blue arrow) and an eyelash (red arrow) that must have been placed behind the IOL during the cataract surgical procedure. The patient’s best corrected visual acuity was 20/25 OS, and no clinical signs or symptoms of intraocular inflammation were present. Intraocular eyelashes have caused varying degrees of inflammation—from no inflammation to endophthalmitis.1-3 Because our patient’s eyelash was probably introduced approximately 5 years ago and has not yet caused anterior or posterior inflammatory changes, we did not remove it. If additional intraocular procedures (eg, laser capsulotomy) are needed, the intraocular eyelash may pose an increased risk of inflammation and either the eyelash will be removed or the patient will be followed up carefully during the postoperative period. (doi:10.7556/jaoa.2015.023)

References

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