Unusual Presentation of Retained Foreign Body in Ocular Adnexa of a 3-Year-Old Child

Sir,

I read with interest the article by Megbelayin *et al*. regarding the unusual presentation of retained foreign body in the ocular adnexa of a 3-year-old-child.[1] Similar to the conclusions of others cases reports, authors found that the visual outcome of patient is good because of prompt medical and surgical interventions.[2]

However, the authors failed to explain that childhood trauma of the eye and its adnexa represent approximately 4–20% of all eye injuries.[3] Injuries range from mild to severe and can affect any anatomical structure of the eye. It is important to note that ocular injuries occur in three main forms: Adnexal injuries, closed globe, and open globe. However, most injuries tend to be minor and affect the structures of the ocular surface.[4]

I agree with the authors that prevention is the optimum management of the ocular trauma at adults and as well children. The main problem is that children are not aware of the consequences of the eye injury. Small children often lack coordination. They usually show a lot of curiosity and desire to explore the environment. Due this curiosity, a lot of injuries can occur anytime. Other big problem is that very usual no adult persons are present with children during the time of trauma. This is indicative of negligence and lack of supervision during play at home or during school hours.[5] I must mention that it is necessary to have parents and teachers educated about ocular trauma and its prevention. It is also very important to improve health service in developing countries.

Also, I would love to emphasize that knowledge of eye and its adnexa anatomy, together with careful examination of children where we need adequate examination often with general anesthesia, is very important in the identification of vision threatening injuries.

Overall authors performed great job with X-ray. I agree with them that multiple views of orbital X-ray appear informative in situations where expensive investigation like computed tomography (CT) for foreign body (FB) localization are not available. In this paper, authors showed that with basic equipment they can distinguish mild to severe eye injury and this kind of dealing is very importing especially in developing countries. However, I must mention that in the presence of clinically evident ocular penetration, and where an intraocular FB (IOFB) is clinically visible, plain X-ray orbital radiography may have a role in excluding multiple IOFBs. In the presence of clinically evident ocular penetration, but where an IOFB is not clinically visible, CT orbital imaging remains the investigation of choice.[6]

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