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## LETTERS TO THE JOURNAL

Sir,

### Serious Eye Injuries Caused by Coin Throwing

We report on three cases of serious eye injury which occurred during a league football match in Leicester in 1992.

*Case 1.* A female aged 17 years was hit by a coin, causing vertical, bilinear corneal abrasions and macroscopic hyphaema.

*Case 2.* A male aged 17 years was hit by a coin, causing vertical, bilinear corneal abrasions, microscopic hyphaema and commotio retinae.

*Case 3.* A male aged 20 years was hit by a projectile, probably a coin, sustaining a vertical rupture of the globe which required immediate surgical repair. He also sustained a traumatic cataract and retinal detachment and was left with a blind, shrunken eye with no prospect of recovery.

A total of 34 injuries occurred at this single game including three other serious eye injuries, namely two chemical burns and a direct assault with a plastic chair resulting in facial lacerations, hyphaema, iris dialysis and traumatic cataract.

Injury due to football violence is well recognised. Coin throwing must represent a significant threat because of the obvious availability of the projectiles, the ease of concealing intent and the devastating effect.

It is of interest that in the two described cases where the coin did not penetrate the globe, bilinear ('tram-line') corneal abrasions were present, the two lines corresponding to the edges of the coin. This feature may well turn out to be characteristic of this particular type of injury.

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Sir,

### Unexplained Foreign Body Sensation: Thinking of Loiasis in At Risk Patients Prevents Significant Morbidity

Increasing travel between the United Kingdom and West/Central Africa has made it important to be alert to the

possibility of loiasis, which causes significant morbidity if treatment is delayed.

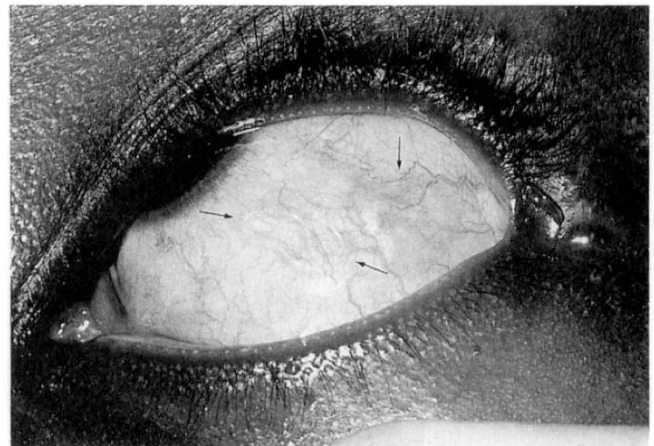
### Case Report

A young Nigerian woman repeatedly attended casualty complaining of something moving around her eyes. The vision remained 6/6 in each eye and there were no ocular signs on three visits over an 18-month period. A psychosomatic disorder was being considered until she presented to us with an unbearable recurrence of symptoms. A worm was seen wriggling under the bulbar conjunctiva of the right eye (Fig. 1). Microscopic examination, following excision under local anaesthesia, identified the filarial nematode *Loa loa*. A routine full blood count before a gynaecological procedure had shown an eosinophilia of 16% (normal range 1–6%), but its significance was not realised. The patient was treated with a 3-week course of oral diethylcarbamazine citrate (DEC) without complications. No further symptoms have been reported for 18 months following treatment.

### Discussion

Tropical ocular infestation is rarely considered in the differential diagnosis in eye clinics in the United Kingdom because of its rarity. Onchocerciasis is publicised because it is an important cause of blindness. With increasing global travel ophthalmologists should be aware of less important infestations which nevertheless have the potential to cause significant symptoms.

*Loa loa* is nematode parasite which is endemic in Cen-



**Fig. 1.** An adult filarial nematode *Loa loa* seen under the bulbar conjunctiva of the right eye (arrows).