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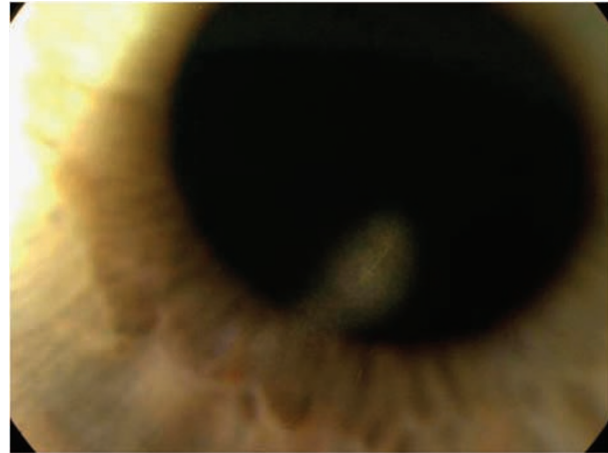


Figure 1 Astromal track of the moving foreign body.

Sir,
Unusual corneal foreign body

Many types of foreign bodies can enter the cornea.¹ We report an unusual case of a corneal foreign body that migrated through the corneal epithelium and stroma. The foreign body was a fragment of the patient's own hair that had migrated from the limbus to the paracentral cornea 6 weeks after a haircut.

Case report

A 27-year-old female patient was referred by her optician to the casualty department of Moorfields Eye Hospital for corneal opacity in her right eye. It had never been noticed before and there was no history of trauma to the eye.

Her best-corrected visual acuity was 6/5 in both eyes. Slit-lamp examination revealed a foreign body embedded in the stroma of the right cornea, surrounded by a very thin stromal reaction and an intact overlying epithelium. A stromal track of the moving foreign body was also noticed (Figure 1). The foreign body looked like a fragment of hair. Direct questioning revealed a haircut a few weeks before visiting her optician.

The foreign body was removed under topical anaesthesia and was recognised as the patient's own hair. At follow-up the cornea was clear with no signs of stromal scarring.

Comment

Hair usually penetrates deeply into the cornea and anterior segment, and once embedded can migrate or advance deeper into the cornea.¹ Although various theories have been proposed, the exact mechanism by which hair migrates or advances into the deeper layers of the cornea is not known.² The mechanism may vary depending upon the nature of the hair and the individual's immune

response.² In principle, it is necessary to remove the foreign body adequately and identify it.³

We highlight this case because the corneal foreign body caused no symptom to the patient but caused corneal scarring. It entered the eye at the limbus and migrated in a centripetal fashion to the paracentral cornea. It would eventually have compromised the vision if the foreign body had migrated further into the central visual axis.

We are unaware of any similar report where a patient's own hair has been embedded in the cornea.

References

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Sir,
Premacular subhyaloid haemorrhage in Eales' disease managed with Nd:YAG laser

Eales' disease is an idiopathic inflammatory obliterative vasculopathy.¹ We describe a case of premacular subhyaloid haemorrhage in Eales' disease managed with Nd:YAG laser posterior hyaloidotomy. We are unaware of such finding in world literature.