

Management of Traumatic Endophthalmitis with Retained Intraocular Foreign Body Caused by Streptococcus Mitis/Oralis During the Covid-19 Pandemic – First Case Report

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INTRODUCTION

Infective endophthalmitis following penetrating intraocular trauma is a potentially devastating complication with a relatively poor prognosis¹. Eyes with retained intraocular foreign bodies (IOFB) are more likely to develop endophthalmitis than those penetrating injuries with no foreign bodies². The prevalence of traumatic infective endophthalmitis in eyes with retained IOFB has been reported between 5 and 13% and the timing of vitrectomy in the setting of retained IOFB without evidence of endophthalmitis is a controversial issue however pars plana vitrectomy may reduce the incidence and severity of endophthalmitis as a treatment for these cases^{1,2}.

A wide range of microbes can cause infective endophthalmitis following trauma and the microbes are derived from the normal flora around the eye lid area or be carried out into the wound by contaminated injury causing objects. Gram positive cocci are the most frequently identified causative organism followed by Bacillus species, fungi and mixed infections³.

Management of endophthalmitis with retained IOFB is a challenging subject, despite advancement in vitreous surgery, a large number of eyes can be saved⁴. Visual prognosis however is affected by the complexity of many contributing factors.

The use of temporary keratoprosthesis in combined procedures has acted as an intraoperative bridge between the anterior and posterior segments of the eye. This helped in better anatomical restoration of the retina and removal of the IOFB.

In this article we report the first case of a post traumatic endophthalmitis with retained IOFB caused by streptococcus mitis/oralis operated during the covid 19 pandemic highlighting our management and we discuss in addition risk factors affecting final outcomes.

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