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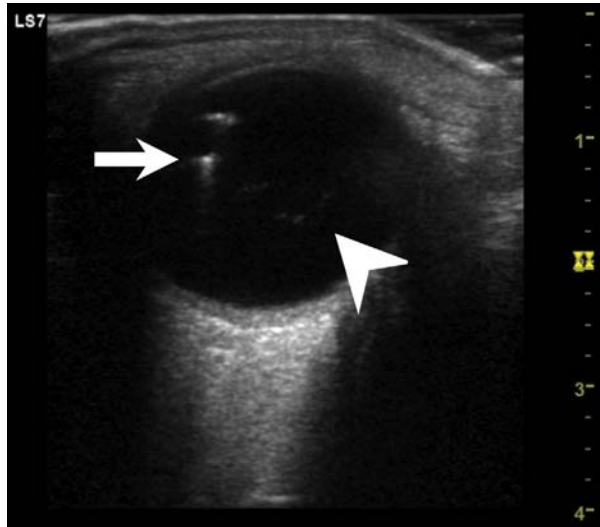
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Figure 1. Point-of-care ultrasound revealed a hyperechoic structure with a comet-tail artifact in the vitreous chamber (bold arrow) and vitreous opacity (arrow head).



Figure 2. Computed tomography of the orbit showed a 1.5-mm, intraocular, hyperdense, foreign body in the vitreous body (bold arrow).

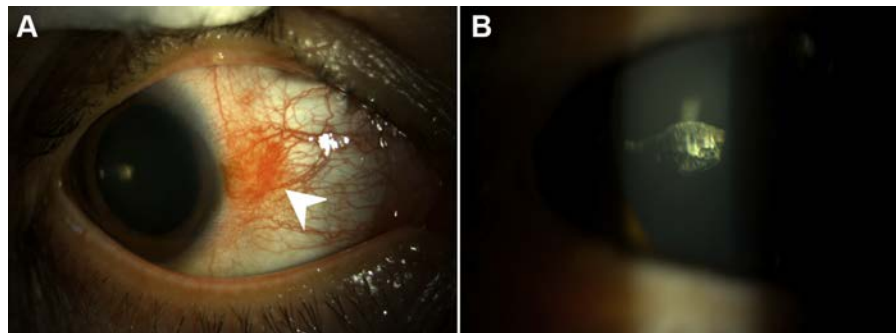


Figure 3. A, Slitlamp examination of the right eye revealed a subconjunctival hemorrhage at the 3 o'clock position (arrow head). B, Iron fragment in the vitreous chamber.

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A healthy, 35-year-old man presented to the emergency department with pain in his right eye and decreased vision after hammering a nail. His visual acuity was 20/30 in the right eye and 20/20 in the left eye. The ocular pressure was normal in both eyes. Point-of-care ultrasound of the right eye was performed (Figure 1 and Video available at <http://www.annemergmed.com>), and the diagnosis was confirmed by computed tomography of the orbit (Figure 2).

For the diagnosis and teaching points, see page 473.

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DIAGNOSIS:

Intraocular foreign body. Ocular ultrasonography revealed a hyperechoic structure with comet-tail artifacts in the vitreous body and vitreous hemorrhage (Figure 1). Orbital computed tomography confirmed a 1.5-mm, intraocular, hyperdense foreign body (Figure 2). Slitlamp examination of the right eye revealed a subconjunctival hemorrhage at the 3 o'clock position and an iron fragment in the vitreous chamber (Figure 3). The patient was admitted for primary repair, vitrectomy, and intraocular foreign body removal.

An intraocular foreign body can be penetrating or perforating, and the most common cause is hammering (up to 60% to 80% of cases).¹ It can result in infection and the loss of vision and requires surgical intervention.² Patients sometimes do not experience eye pain or the loss of vision and are unaware that foreign objects have penetrated the eyes.³ Collecting a detailed history and performing prompt ocular imaging are crucial for the diagnosis and management of intraocular foreign bodies.

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