A case of para-central superficial corneal neovascularisation related to a chronic corneal foreign body, documented with corneal photography

Purpose: Neovascularisation of the cornea is a common feature of many inflammatory and infectious corneal diseases. While peripheral corneal vascular ingrowth (1-2mm) is often benign, more central vascularisation (>2mm) poses a potential threat to vision through loss of immunologic privilege, stromal haemorrhage and scar formation. This poster documents an unusual case of a chronic corneal foreign body leading to neovascularisation. The case is remarkable in that corneal foreign bodies are rarely allowed to remain in situ for more than 1-2 weeks as symptoms prompt the patient to seek early medical attention.

Method: The clinical course of a patient affected by corneal neovascularisation secondary to an organic foreign body left in situ for 4 months is documented.

Results: We report a case of an otherwise well 38-year-old man referred to a rural ophthalmology clinic with 4-month history of sharp, stabbing pain to his right eye, watering and photophobia. He had superficial corneal vascularisation leading to a foreign body (1.2mm), visually identified as a seed shell. He had not developed corneal abscess or infection. The foreign body was removed and he received topical Prednefrin forte and Chlorsig ointment QID to his right eye, which he discontinued after 4 days after reportedly misplacing both bottles. His clinical course is documented with corneal photography.

Conclusion: Corneal vascular ingrowth may form part of an inflammatory response. Treatment goals include removing the cause and reducing abnormal vessels. One such case related to non-removal of an organic foreign body is described.