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Case Report

A Unique Case of Fish Hook Injury of the Eye

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Introduction

A barbed fishhook eye injury is a rare eye trauma and can pose serious ophthalmic emergency. One case of a fish hook injury to the eye is described. It was removed successfully by the vitreoretinal surgeon by carefully rotating the hook through undamaged tissue before snipping off the barb. Good vision was restored without complications for a period of 6 months.

A 42 year old fisherman by occupation was trawling for fishes. And while doing so, suffered injury to the right eye wherein the hook was embedded. His colleagues cut off the line and made no attempt to remove the hook. He was immediately transferred to our facility for management within three hours of sustaining trauma.

On examination (Fig. 1) one of the prongs was seen to have penetrated the lower palpebral conjunctiva, and the other through the scleral coat with no obvious injury to the iris and lens.

Fig 1: Barb piercing the lower palpebral conjunctiva

Fig 2: Lateral X-RAY

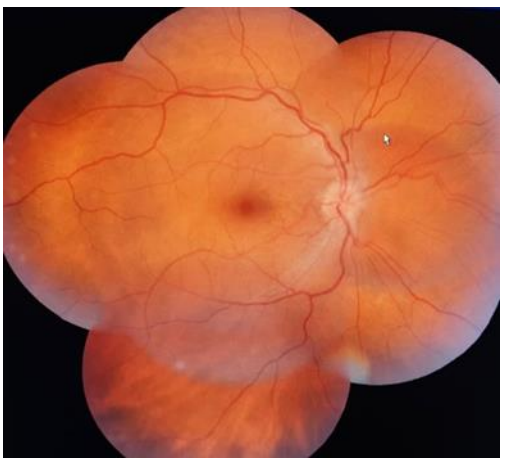

Fig 3: Post op fundus picture showing well attached retina

Visual acuity pre-operative was finger counting (Snellen).Pre op Xray of the orbit was done. Under general anaesthesia, the hook was rotated so that the intraocular barb emerged through the entry wound. The hook was gently pushed back and not pulled to avoid the barb to cause any undue traction on the surrounding ocular tissue. A small linear scleral wound was noticed, which was then repaired by 7-0 vicryl. The pars plana site of entry was subjected to cryotherapy to prevent any future vitreous traction and retinal detachment

Careful examination under anaesthesia of the fundus was carried out to rule out any associated traumatic retinal pathologies.

Patient achieved a vision of 6/6 at 3 months and was extremely happy with the visual outcome. Post-operative fundus examination showed well attached retina (Fig3). Patient was educated in regards with safety precautions and protective eye wear to avoid any similar future work related injuries.

Discussion

There are very few cases of fishhook injuries reported in literature. Patients suffering injuries with large foreign body usually have poor visual prognosis. The barb fishhooks are large objects and appearance of these large foreign bodies embedded in the eye could be intimidating to the surgeon. In this case, the fish hook was carefully removed, as outlined in other reports in literature (4).

The action of pushing the hook out through the wound carries similar action of a passing a suture, which most of ophthalmologist are confident. This manoeuvre necessitates the shaft of barb to be long enough to be pushed. The visual status for such eye injury is related with different parameters like shape, size, anatomical site as well as different technique of hook removal. We believe our case adds value to the existing literature of understanding nature of injury and ocular repair in fishhook injuries

References

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