

# Corneal bee sting with retained stinger - Is surgical removal always indicated?

**Valarmathy Vaiyavari, Chandramalar A/P T Santhirathelagan**

Hospital Sungai Buloh, Kementerian Kesihatan Malaysia  
Pusat Perubatan Universiti Malaya (PPUM)

## ABSTRACT

**Objective:** To report cases of corneal injury by the bee sting, presenting features, management and clinical outcomes. **Method:** Case series with literature review. **Results:** Forty-five-year-old gentleman presented with severe eye pain, epiphora and decreased vision two hours post bee sting to his right eye (RE). Relative afferent pupillary defect (RAPD) was negative, and vision was documented at counting fingers due to 2 retained stingers extending into posterior stroma with overlying epithelial defect causing corneal oedema and endothelial striae. The anterior chamber (AC) was deep with moderate inflammation, normal intraocular pressure (IOP) and no hypopyon. B-scan ultrasound was normal. Intensive topical steroid and antibiotics were initiated with cycloplegics. Symptoms improved with best corrected visual acuity (BCVA) retained at 6/6 hence stinger was not removed. The second patient was a fifty-six-year-old gentleman referred for RE bee sting induced corneal ulcer who presented with eye pain, redness and decreased vision for 4 days. He had no RAPD, vision documented at 6/60 due to a paracentral corneal ulcer with a retained stinger in mid stromal level. The AC had moderate inflammation. Retained stinger was surgically removed and managed with a topical antibiotic and antifungal eye drops. A week later, the corneal ulcer improved, continued to heal with scarring finally resulting in BCVA of 6/12. **Conclusion:** Corneal bee sting injuries are rare thus clinical approach to management remains controversial and ranging from conservative to surgical approach. However, early and prompt management prevents permanent corneal damage and intraocular complications.

## KEY WORDS:

*Cornea, bee sting, retained stinger*

# Dengue maculopathy: A case series

**Krystle Thompson, Amelia LSS**

Hospital Selayang, Kementerian Kesihatan Malaysia

## ABSTRACT

**Objective:** To report 3 cases of dengue-related ophthalmic complications. **Method:** We report 3 cases of dengue maculopathy. Patients were between 18 to 65 years of age. The onset of ocular symptoms was between 8 to 11 days from onset of fever. All of them presented with a central blurring of vision and distorted vision. Vision at presentation ranged between counting fingers 2 feet and hand movement. Examination showed mottled macula and macula oedema with submacular deposits. One patient had thickened sclera. Two patients underwent fundus fluorescent angiogram showing perifoveal vasculitis. **Results:** The treatment options for these patients are topical dexamethasone, oral prednisolone and intravenous methylprednisolone followed by oral prednisolone. They responded well to steroid therapy with good visual outcome. **Conclusion:** Ophthalmic complications in dengue patients, although rare, may present with posterior segment involvement. Patients with ocular symptoms should be referred early to the ophthalmologist for prompt treatment and a better visual outcome.

## KEY WORDS:

*Dengue maculopathy, case series, steroid therapy*