

Ocular thermal injury secondary to burst steam pipe

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ABSTRACT

Objective: Ocular thermal injury is an Ophthalmology emergency that requires immediate treatment. Common causes in Malaysia were reported to be related to machinery and tools failure. **Method:** Case report. **Results:** We present a case of severe thermal burns on the ocular surface affecting bilateral eyes. A 56-year-old man presented to Emergency Department (ED) following burst steam pipe while working in a factory. He sustained right eye grade 1 and left eye grade 3 according to Dua's classification. His immediate management of thermal related ocular injury and follow up care will be described. **Conclusion:** Improved safety measures and appropriate public education could prevent serious work-related ocular injuries.

KEY WORDS:

Thermal ocular injury and burst steam pipe

Ocular toxoplasmosis in an immunocompetent individual: A diagnosis dilemma

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ABSTRACT

Objective: To report a case of presumed ocular toxoplasmosis in a healthy individual. **Method:** A case report. **Results:** A 37-year-old healthy lady presented with a three-day history of seeing floaters in the right eye, which was associated with a dull, aching pain. She denied having similar episodes or any predisposing factors. Examination revealed a visual acuity of 6/9 bilaterally. Relative afferent pupillary defect was absent. Right eye anterior segment revealed the presence of a granulomatous inflammation with cells of 2+. The intraocular pressure was initially normal. Subsequently, it was raised requiring topical anti-glaucoma. Posterior segment examination revealed a normal optic disc, exudates just inferior to the inferotemporal vascular arcade measuring two disc diameter with overlying vitritis and vascular sheathing in all four quadrants. There was no retinochoroiditis or any adjacent retinochoroidal scar. The left eye examination was unremarkable. The anterior segment inflammation lessened upon intensive topical steroid commencement. Based on clinical findings and suspicion, oral Bactrim (trimethoprim and sulfamethoxazole) 960 mg BD was instituted. She showed marked improvement with resolved exudates and early scar formation after only two weeks of systemic treatment. This clinical suspicion was later supported by a positive *T. gondii* serology. **Conclusion:** Ocular toxoplasmosis is a potentially blinding infection with a progressive and relapsing course. Atypical presentation such as this case presents a challenge in reaching the correct diagnosis, possibly leading to treatment delay. A high index of suspicion is crucial when faced with this type of diagnosis dilemma.

KEY WORDS:

Atypical ocular toxoplasmosis