

## The eccentric sealant

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### ABSTRACT

**Objective:** To report a case of modified Gundersen flap as an alternative reconstructive option for penetrating corneal injury in Sandakan, a rural setting **Method:** a Case report. **Results:** A 32-year-old gentleman with a history of traumatic injury by oil palm tree branch was presented with right eye pain, redness, glare and blurring of vision for 1-week post-trauma. His right eye visual acuity was 6/36 pinhole 6/12. Slit lamp examination revealed paracentral corneal laceration wound with iris prolapsed near the limbus temporally, fibrin surrounding wound with a deep anterior chamber. B scan showed no vitreous opacity. A primary corneal tissue and suturing with iris repositioning was done but noted friable wound with corneal tissue loss and persistent leakage. A modified Gundersen flap was then performed in view of setting limitations. Postoperatively, he was put on intensive topical antibiotics, antifungal and antiglaucoma. Visual acuity for his right eye showed astounding improvement and vision regained back to 6/6. **Conclusion:** Gundersen flap can be considered as an armamentarium in the reconstruction of penetrating corneal injuries especially in remote area settings whereby corneal expertise is not accessible.

### KEY WORDS:

*Modified Gundersen flap, penetrating corneal injury*

## The understated value of gonioscopy

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### ABSTRACT

**Objective:** To emphasize the importance of gonioscopy for evaluation and diagnosis of an intraocular foreign body (IOFB). **Method:** a Case Report. **Results:** A middle-aged gentleman presented to us for evaluation of a foreign body sensation in his right eye after cutting grass utilizing a rotary lawn mower. The patient had good vision OU and no afferent pupillary defect. Slit lamp examination revealed mild conjunctival injection and a linear self-sealed corneal laceration wound measuring about 3.2mm. The anterior chamber was deep with cells of 2-3+. No obvious iris disruption, no evidence of traumatic cataract and no abnormality were detected on posterior segment examination. High degrees of clinical suspicion lead us to do a gonioscopic examination which showed a small foreign body embedded in the anterior chamber angle at 3 o'clock. The diagnosis was further confirmed with a non-contrasted CT scan of the orbits that revealed a small hyperdense foreign body medial and anterior to the lens of a right eye. Removal of the foreign body was successfully done via limbal incision entering on the temporal aspect. **Conclusion:** The role of gonioscopy is widely appreciated, particularly in the management of glaucoma; however, a valuable use of this technique needs emphasis. In some cases of ocular trauma, the area of penetration and the IOFB is not easily detected and gonioscopic examination will allow visualization of a foreign body in the anterior chamber angle, which are not demonstrable on slit lamp and indirect ophthalmoscopic examinations.

### KEY WORDS:

*Gonioscopy, intraocular foreign body, corneal laceration*