SYMPATHETIC OPHTHALMIA*

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THE following case of subconjunctival dislocation of the lens with sympathetic ophthalmia is thought sufficiently rare to be reported.

Case Report

A man aged 57 was punched in the right eye on June 3, 1955. Vision was lost immediately and he was admitted as an emergency case to a hospital in the metropolitan area. He was treated conservatively, and on discharge after 11 days the right eye was injected and the left was normal. He reported to the Southend hospital on July 15, 1955, (6 weeks after injury), complaining of pain and lacrimation of 4 days' duration in the left eye.

Examination

Right Eye.—Marked injection with the dislocated lens lying subconjunctivally in the 10 o'clock position. Cornea clear, anterior chamber deep, iris above colobomatous. Retina detached laterally, disc normal, tension soft. No perception of light.

Left Eye.—Marked ciliary injection with corneal oedema; fine keratic precipitates, slight flare, pupil 2 mm. reacting sluggishly to direct light, fundus normal, visual acuity with correction 6/9.

Diagnosis.—Sympathetic ophthalmia: right eye exciting, left eye sympathizing.

Treatment.—As the right eye was disorganized and functionless it was enucleated on July 16, 1955. The left eye was given subconjunctival mydracaine and cortisone, followed by local atropine and cortisone drops. Cortisone tablets, 50 mg. were given 6 hourly for 3 days, and then thrice daily for a further 4 days.

Progress.—The left eye lost its injection in a fortnight, and has remained normal since.

Pathology.—The right eye showed a scleral rupture behind the limbus in the 10 o'clock position, through which the lens had dislocated to lie subconjunctivally (Fig. 1, overleaf).

The ciliary body at the site of the dislocation was infiltrated by numerous collections of small round cells with occasional giant cells (Figs 2 and 3, overleaf), thus confirming the clinical diagnosis of sympathetic ophthalmia.

Discussion

The dislocation of the lens up and out is not as common as up and in, because the usual blow is directed from below and temporally.

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FIG. 1.—Sagittal section $\times 2$ showing lens lying subconjunctivally with uveal tissue protruding through scleral rupture immediately behind limbus.

FIG. 2.—Low-power photomicrograph, showing dense nodular collection of small round cells and occasional giant cells in ciliary body at site of scleral rupture. $\times 55$

FIG. 3.—High-power of part of Fig. 2, showing one giant cell above with small round cells below.

The colobomatous appearance of the iris made us think that a complete iridectomy had been performed, but was due to the fact that a complete segment of iris had been pushed forwards and up into the scleral rupture.

The rapid response of the sympathizing eye was probably due to the exhibition of cortisone, since enucleation of the exciting eye is usually thought to be of doubtful value once its fellow is affected.