Ocular, Orbital, and Sinus Damage Induced by a Fierce Fishhook Trauma

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A 25-year-old fisherman presented with severe trauma caused by a high-velocity fishhook. His right eye was normal. The left ocular examination demonstrated no light perception, a soft globe, upper lid laceration with orbital foreign body, hemorrhagic chemosis, corneal edema, and intraocular hemorrhage (Fig. 1). Computerized tomography of the orbit/brain with 3D reconstruction revealed evidence of vitreous hemorrhage, likely posterior scleral perforation, and the orbital

pathway of the fishhook with posterior ethmoid sinus involvement. It confirmed that there was no intracranial involvement (Fig. 2). He underwent surgery to withdraw the fishhook and repair the globe. Two months postoperatively, his left globe was preserved with no light perception, and he showed no manifestation of sympathetic ophthalmia. The case demonstrated the utility of 3D computerized tomography reconstruction and volume-rendering images in surgical planning and shows the importance of high-quality imaging in determining the extent and severity of foreign body injury.

**FIGURE 2.** A. Posterior ocular perforation and vitreous hemorrhage. B. Posterior ethmoid involvement. C and D, Fishhook track in volume-rendering CT scan. CT indicates computer tomography.