

## CORRESPONDENCE

### Heavy metal—not just hard on the ears: siderosis following retained intraocular foreign body



removal of IOFB, and cataract extraction with posterior chamber intraocular lens implantation.

Ocular siderosis results from the toxic effects of iron released from retained metallic intraocular foreign bodies (IOFBs).<sup>1</sup> Over time, intraocular iron dissociates and deposits in epithelial structures, including the lens, iris, ciliary body, and retina, resulting in degeneration of ocular tissues.<sup>2</sup>

A 31-year-old male presented with a 3-month history of diminishing vision OS. The patient reported having had a 2-mm piece of metal removed from his left cornea (after metal-on-metal eye injury) 5 months prior. Since that time, he had noticed progressive ocular irritation, nyctopia, and decreasing vision OS. Slit-lamp examination revealed a corneal entrance wound near the limbus. Further examination showed iris heterochromia and a prominent cataract OS with rust-coloured pigment on the anterior lens capsule (Fig. 1A–C). Given these classic findings, siderosis secondary to a retained IOFB was suspected. A computed tomography scan of the head was performed and revealed a hyperdensity OS, suggestive of a retained metallic IOFB (Fig. 1D). The patient subsequently underwent successful pars plana vitrectomy,

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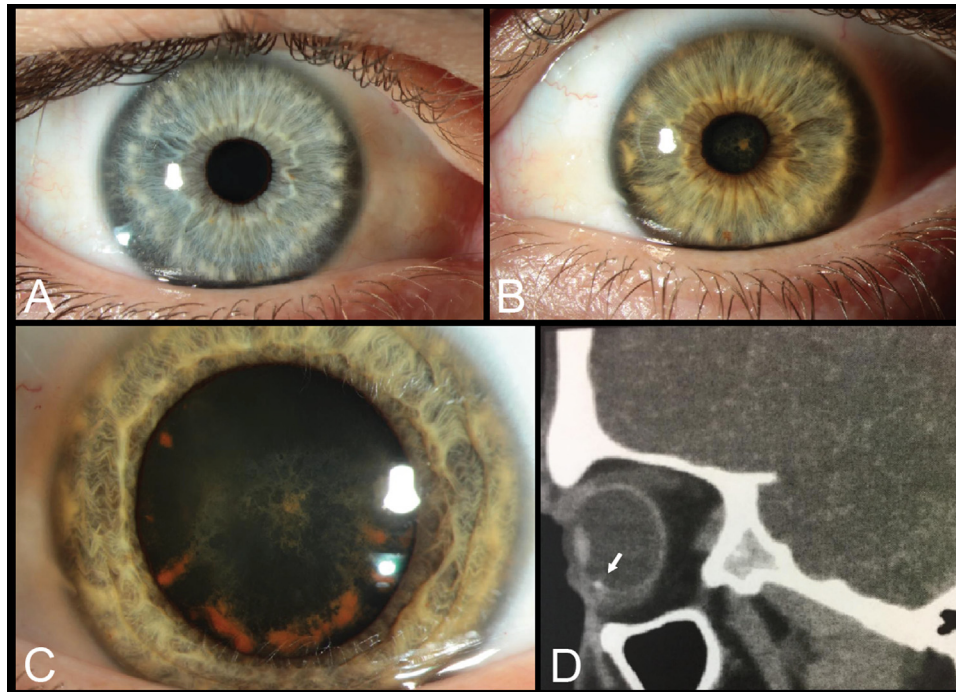


Fig. 1—Ocular findings of siderosis: (A) normal iris colouration OD; (B) hyperchromic heterochromia OS; (C) posterior-subcapsular cataract with rust-coloured pigment on the anterior lens capsule; (D) computerized tomography showing hyperdensity, suggestive of retained intraocular foreign body OS.