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**ORGANIC ORBITAL FOREIGN BODY IN 15-YEAR OLD BOY**

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Intraorbital foreign body is a serious problem in ophthalmic diagnostics and the selection of therapy. In the case of an interview suggesting a suspicion of a foreign body in the wound, careful control of the wound during surgical restoration is very important. Especially organic foreign bodies contain a significant amount of bacterial flora, which, undiagnosed early enough, are an exceptional threat to the patient's life. Leaving these kinds of foreign bodies in the orbit leads to very serious complications, such as optic nerve damage, orbital phlegmon, or intracranial infection.

A 15-year-old patient visited his GP due to a nodule in the area of the inner corner of the right eye that had appeared a week earlier. During the interview, the patient reported that 1,5 months earlier he was struck in the face by a branch during a bicycle ride. The doctor prescribed an antibiotic ointment for a small skin wound on the upper eyelid of his right eye. On admission to the Clinic, physical examination revealed a large granuloma in the inner corner of the right eye, with a slight swelling of the upper eyelid, divergent strabismus and diplopia. The CT examination revealed an abnormal lesion along the medial wall of the orbit, modeling the medial rectus muscle of the right eye, shifting the eyeball to the right. During the surgical treatment of the lesion, a 3.5 cm long cherry twig stuck was removed from the right orbit. Local and general antibiotic therapy was applied and the patient was referred for iontophoresis in order to improve the mobility of the upper eyelid of the right eye.

If the patient is reporting a trauma, one should always remember about the possible presence of the intraorbital foreign body, even in the absence of visible external injuries.