CLINICAL PICTURE

Cornea bee sting

Case history

A 24-year-old male presented to our emergency department 2 h after being stung in the eye by a bee while riding a motorcycle. He had severe pain and photophobia. Slit-lamp examination showed conjunctival hyperaemia with an embedded bee stinger in deep stroma, 2 mm from the centre of the right eye (OD) cornea. The stinger did not penetrate into the anterior chamber. Visual acuity was 3/10. The left eye (OS) was normal. The stinger was removed and the patient was discharged on ophthalmic antibiotic and steroid. During the follow-up visit on the sixth postoperative day, visual acuity of the right eye was reduced to finger count. There was 3 × 3 mm nasal paracentral corneal opacity, including central necrosis and peripheral infiltration in the site of stinger removal, segmental iris discoloration due to iris atrophy and pupillary distortion due to paralysis of sphincter papillae (Figure 1). Intraocular pressure was normal. After a course of systemic steroid treatment, the visual acuity was improved to 7/10 and pupillary distortion was mostly resolved within 6 weeks. Although there was no sign of secondary cataract, the segmental iris discoloration persisted and there remained a small opacity of the cornea over the stinger site.

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