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Case Report: Ocular Helminth - In Unusual Site (Lens)

Authors : Chandra Shekhar Majumder, Md. Shamsul Haque, Khondaker Anower Hossain, Md. Rafiqul Islam

Abstract : Introduction: Ocular helminths are parasites that infect the eye or its adnexa. They can be either motile worms or sessile worms that form cysts. These parasites require two hosts for their life cycle, a definite host (usually a human) and an intermediate host (usually an insect). While there have been reports of ocular helminths infecting various structures of the eye, including the anterior chamber and subconjunctival space, there is no previous record of such a case involving the lens. Research Aim: The aim of this case report is to present a rare case of ocular helminth infection in the lens and to contribute to the understanding of this unusual site of infection. Methodology: This study is a case report, presenting the details and findings of an 80-year-old retired policeman who presented with severe pain, redness, and vision loss in the left eye. The patient had a history of diabetes mellitus and hypertension. The examination revealed the presence of a thread-like helminth in the lens. The patient underwent treatment and follow-up, and the helminth specimen was sent for identification to the department of Parasitology. Case report: An 80-year-old retired policeman attended the OPD, Faridpur Medical College Hospital with the complaints of severe pain, redness and gross dimness of vision of the left eye for 5 days. He had a history of diabetes mellitus and hypertension for 3 years. On examination, L/E visual acuity was PL only, moderate ciliary congestion, KP 2+, cells 2+ and posterior synechia from 5 to 7 O'clock position was found. Lens was opaque. A thread like helminth was found under the anterior of the lens. The worm was moving and changing its position during examination. On examination of R/E, visual acuity was 6/36 unaided, 6/18 with pinhole. There was lental opacity. Slit-lamp and fundus examination were within normal limit. Patient was admitted in Faridpur Medical College Hospital. Diabetes mellitus was controlled with insulin. ICCE with PI was done on the same day of admission under depomedrol coverage. The helminth was recovered from the lens. It was thread like, about 5 to 6 mm in length, 1 mm in width and pinkish in colour. The patient followed up after 7 days, VA was HM, mild ciliary congestion, few KPs and cells were present. Media was hazy due to vitreous opacity. The worm was sent to the department of Parasitology, NIPSOM, Dhaka for identification. Findings: The findings of this case report highlight the presence of a helminth in the lens, which has not been previously reported. The helminth was successfully removed from the lens, but the patient experienced complications such as anterior uveitis and vitreous opacity. The exact mechanism by which the helminth enters the lens remains unclear. Theoretical Importance: This case report contributes to the existing literature on ocular helminth infections by reporting a unique case involving the lens. It highlights the need for further research to understand the pathogenesis and mechanism of entry of helminths in the lens. Data Collection and Analysis Procedures: The data for this case report were collected through clinical examination and medical records of the patient. The findings were described and presented in a descriptive manner. No statistical analysis was conducted. Question Addressed: This case report addresses the question of whether ocular helminth infections can occur in the lens, which has not been previously reported. Conclusion: To the best of our knowledge, this is the first reported case of ocular helminth infection in the lens. The presence of the helminth in the lens raises interesting questions regarding its pathogenesis and entry mechanism. Further study and research are needed to explore these aspects. Ophthalmologists and parasitologists should be aware of the possibility of ocular helminth infections in unusual sites like the lens.

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