

Photo essay

Hair In Punctum

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Abstract

A middle-aged male presented to the Eye OPD with complaints of right eye foreign body sensation, pain, redness, watering for 10 days. Anterior segment examination revealed a hair in the punctum which was removed easily with atraumatic forceps. Patient was prescribed topical antibiotic eye drops and lubricants and followed up after one week. Hair in punctum is a rare phenomenon wherein eyelashes which are shed like regular hair are carried away by reflex lacrimal secretion and sucked into the lower punctum due to negative pressure created in the canaliculus secondary to eye blink. We describe a case of hair in punctum which was removed by a simple procedure, relieving the patient of his symptoms.

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Keywords: Hair, Punctum, Conjunctival Ulcer

A 41-year-old male presented to eye OPD with complaints of right eye foreign body sensation, pain, redness and watering since 10 days. There was no history of trauma. There was history of topical antibiotic use since 1 week prescribed from an ophthalmologist. His best corrected visual acuity was 20/20 in both eyes. Slit lamp examination of right eye revealed sectoral congestion in nasal bulbar conjunctiva, and an eyelash protruding from upper punctum on lid eversion (Figure 1a). This eyelash hair tip was rubbing against the ocular surface with the hair bulb stuck inside the punctum, thereby causing pain and irritation. Staining the ocular surface with 1% fluorescein dye revealed a conjunctival epithelial defect of size 3mm by 2mm, just adjacent to the upper punctum (Figure 1b). Eyelash was easily removed with atraumatic forceps, without any resistance ruling out metaplastic eyelash (Figure 1c), and the patient was prescribed topical moxifloxacin and lubricating eye drops. In subsequent visit after a week patient was asymptomatic, and slit-lamp examination revealed right eye healed conjunctival ulcer.

Eyelashes are shed like regular hair, and once shed it is carried away by reflex lacrimal secretion to lacus lacrimalis, thus bringing it close to lacrimal puncta. Rarely due to propelling action of eyelids or due to negative pressure

created in the canaliculus due to eye blink¹ it may get carried in to the punctum. Entry of eyelash in upper punctum is more common than the lower punctum.² Once entered, barbs on eyelash hair prevent it from extrusion.

Unless attending physician is aware of such a scenario, it can be easily misdiagnosed as ocular surface infection, or an abnormally grown or metaplastic eyelash. If not timely managed by a simple procedure, it can penetrate further and obstruct canaliculus, lacrimal sac causing canaliculitis or dacrocystitis.³

To conclude careful ocular examination with eyelid eversion is important to rule out hidden foreign bodies and a simple procedure can relieve the patient of his symptoms.

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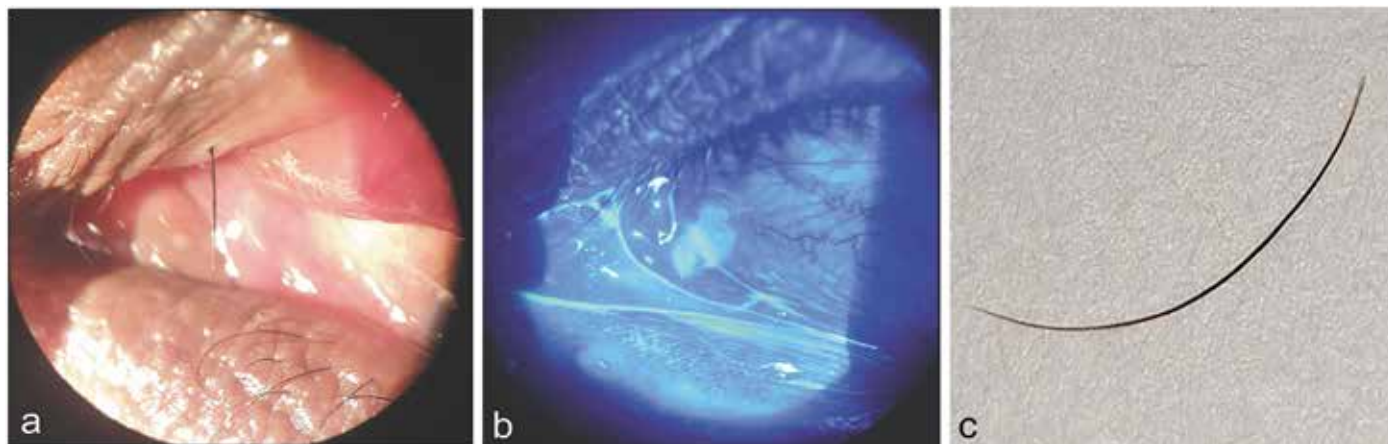


Figure 1: (a) Cilia in the upper punctum on eversion.

(b) After removal of the cilia with forceps and staining with 1 % fluorescein dye, showing conjunctival ulcer just adjacent to punctum.

(c) Cilia in 10 x magnification

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