Ophthalmia nodosa with intraocular caterpillar setae

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Dear Editor,

We read with keen interest the case report "Ophthalmia nodosa with intraocular caterpillar setae"¹ published in *MJAFI* in April 2011 (*MJAFI* 2011;67:167–168). We compliment the author for the excellent case report and for highlighting the important issues regarding the diagnosis and management of this seemingly innocuous but potentially invasive ocular condition. We fully agree with the author for correctly highlighting the importance of repeated examination in such a case. Caterpillar hair are notorious for lying hidden under oedematous tissue and resurfacing from time to time. If not detected and removed on repeated examination they go on penetrating deeper and deeper due to their peculiar structure. We would like to point out that although the said case gave a definite history of caterpillar falling in the eye, many of the cases do not give any such history. This is particularly important in the case of serving soldiers who due to darkness are not able to give an accurate history of what went into the eye. So a high degree of suspicion is a must in a case with unilateral congestion, blepharospasm, multiple corneal abrasions, or nodular reaction involving conjunctiva. A careful repeated evaluation for detection of caterpillar setae becomes essential.

However, we differ in our opinion regarding the management of intra-ocular setae. We would prefer to remove the setae visible in the anterior chamber as they have the potential of deeper penetration,² causing iritis, vitritis,³ or even endophthalmitis⁴ or panophthalmitis. We managed a very similar case of caterpillar setae in a serving soldier with two intraocular setae in the anterior chamber by removing them through a clear corneal sutureless valve incision with full recovery.

In addition, we would also like to cite Cadera et al⁵ who have classified caterpillar setae-induced inflammatory reaction into five following types.

- Type 1—An acute reaction to the hair consisting of chemosis and inflammation. This begins immediately and lasts for some weeks.
- Type 2—Chronic mechanical keratoconjunctivitis caused by hair lodged in the bulbar or palpebral conjunctiva.
- Type 3—Formation of grey-yellow nodules in the conjunctiva (granuloma).
- Type 4—Iritis secondary to hair penetrating off the anterior segment.
- Type 5—Vitreoretinal involvement after the hair penetrates the posterior segment via the anterior chamber or transsclerally. This is a very relevant and clinically useful classification.

REFERENCES

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