A contact lens causing blood-stained tears
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DESCRIPTION
An 11-year-old girl presented with mild right upper lid swelling for 2 weeks, associated with mild inflammation. She was treated with topical antibiotics as a case of chalazion by her family physician. Unfortunately, the problem failed to respond to treatment and blood-stained tears were noted in the morning (figure 1 left). She was then referred to an ophthalmologist as well as a radiologist for imaging. Her mother had taken the patient to a private radiologist before visiting our ophthalmology department. CT scan of her orbital region demonstrated the presence of a 1×0.45×0.89 cm oval-shaped posterior eyelid lesion at the superomedial aspect of the right orbit (figure 1 right). There was a hypodense centre with fluid attenuation and a hyperdense rim. An infective focus or epidermoid cyst was suspected in the radiology report. At the ophthalmologist’s office, the patient’s upper lid was everted for examination—a rigid contact lens came out spontaneously (figure 2). Only then did her mother remember the loss of an orthokeratology lens 2 years prior. The swelling and blood-stained tears resolved shortly afterwards. A retained contact lens presenting as lid swelling is not uncommon in adults, and the mechanism of cyst formation has been described in the literature.1 2 The orthokeratology lens is a type of contact lens intended to slow myopic progression in children.3 This poses a challenge in making diagnosis as children may not be able to give a detailed history, and physical examination is more difficult. Imaging studies could be misleading if the history of a lost lens is not revealed.

Figure 1 Photograph of patient showing mild right upper eyelid swelling and blood-stained tears (left), and CT showing an oval-shaped posterior eyelid lesion (right).

Figure 2 A retained orthokeratology contact lens was removed.

Learning points
▸ A retained contact lens can present as an eyelid mass or blood-stained tears.
▸ Eversion of the eyelid must be performed in all cases with an eyelid mass regardless of any contact lens wear history.
Contributors SKK and TCYC had full access to all of the data in the study, and take responsibility for the integrity of the data and the accuracy of the data analysis. SKK and TCYC were responsible for study concept and design, and analysis and interpretation of the data. SKK was responsible for acquisition of the data. SKK and TCYC drafted the manuscript; and were responsible for critical revision of the manuscript for important intellectual content, and also for study supervision.

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REFERENCES

