We report a rare complication in which a foreign body was inadvertently left in the eye and the patient presented with a chronic red and sore eye. The foreign body was identified as a surgical needle in the superior anterior chamber, emerging from the conjunctiva superior to the limbus. The needle was removed surgically followed by a vitrectomy and removal of the dislocated intraocular lens. The patient has done well. Careful examination should be done and retained foreign bodies considered a differential diagnosis when patients present following surgery, especially when details of the surgery are missing.

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chamber inflammation in these cases. The inert nature of the intraocular cotton fibers was confirmed in a retrospective review of 19 patients with a mean follow-up of 42 months. Metallic foreign bodies from a phacoemulsification tip (titanium with anodized surface) were also shown to be inert within the anterior chamber. Another issue with retained metallic foreign bodies is that seemingly stable fragments can dislodge over time and cause inflammation or trauma. Furthermore, chronic uveal irritation can occur and be associated with chronic uveitis and/or macular edema. Despite being rare, retained foreign bodies should be considered a differential diagnosis in cases in which patients present following surgery, especially when details of the surgery are missing. This case also highlights the importance of a systematic needle count at the end of each surgery.

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Figure 1. Retained intraocular foreign body. A: The blunt end of the needle (red arrow) in the superior part of the anterior chamber. B: The needle tip (blue arrow) just visible under the conjunctiva superior to the limbus.