

RE: FACIAL FUZZ AND FUNNY FINDINGS

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This paper by Papay, Levine, and Schiavone in the May issue (1989; 56:273-276) on ectopic hair fragments embedded in the external auditory canal and the oropharynx recalls to mind several similar clinical episodes that occurred during my eye, ear, nose, and throat practice.

Occasionally I would see patients presenting with cryptogenic red, teary eyes. Ordinary examination revealed little until a careful slit-lamp biomicroscopic scrutiny would disclose the offending culprits: either a cilium protruding from the puncta canaliculi (upper or lower) or in other instances emplaced in the orifice of a Meibomian gland on the lid margins. The scratching across the sensitive corneas caused the symptoms. Removal with cilia forceps was conclusive.

Two years ago I started using a Norelco Rotary Electroshaver and began to experience periodic painful tear-

ing of one or both eyes in the morning. After ocular lavage the irritation would diminish and tearing cease. I was not cleansing the rotary shaver head frequently. One day the reservoir to catch the hair clippings got rather full so I began to cleanse the shaver head and noticed many hair clippings on the external surfaces. I idly held a Kleenex over the shaver and buzzed the switch intermittently. The etiology of my troubles was revealed; hair clippings were being thrown out centrifugally from the mass below into my eyes. I reverted immediately to my old Shick razor and blessed freedom from red eyes.

I also relate a personal experience: As I aged I developed adventitious clicking sounds in one ear. A confrere found an obliquely directed hair impinging on the tympanum. The ubiquitous alligator forceps depilated the offending pilus and voilà—a cure!

So, to the practices of jurisprudence, cardiology, surgery, and otolaryngology let us add ophthalmology for ectopic hirsutic experiences. I wish to thank the authors who helped relieve the tedium of routine. Not all papers need be arcane or esoteric. The mundane is also interesting.