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## Short communication

# Central retinal artery occlusion after phacoemulsification under peribulbar anaesthesia: Pathogenic hypothesis<sup>☆</sup>



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### ABSTRACT

**Clinical case:** A 77-year-old patient had uneventful cataract surgery in the right eye under peribulbar anaesthesia. The next day, a severe and progressive eyelid swelling was noted, caused by an unknown allergic reaction to povidone-iodine. The allergic signs disappeared by the fifth day, but amaurosis and a cherry-red spot were detected. Doppler ultrasound and CT angiography confirmed an 80% ipsilateral internal carotid artery stenosis.

**Discussion:** Retinal vascular occlusion after orbital loco-regional anaesthesia is rare. When this complication occurs, carotid disease, and local or systemic factors, should be evaluated.

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## Oclusión de arteria central retiniana tras facoemulsificación con anestesia peribulbar: hipótesis patogénicas

### RESUMEN

**Caso clínico:** Paciente de 77 años, intervenido de catarata en ojo derecho bajo anestesia peribulbar, sin complicaciones. Al día siguiente presenta edema palpebral severo con empeoramiento progresivo, secundario a reacción alérgica no conocida a la povidona yodada. A los 5 días presenta una resolución del cuadro alérgico, detectándose amaurosis y mancha rojo cereza. El eco-Doppler de troncos supraaórticos y el angio-TAC confirman una estenosis del 80% de la arteria carótida interna ipsilateral.

**Discusión:** Las oclusiones vasculares retinianas constituyen una complicación infrecuente de la anestesia loco-regional orbitaria. Su aparición obliga a descartar causas subyacentes,

#### Palabras clave:

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como enfermedad carotídea, así como a reflexionar sobre los factores locales o sistémicos que han colaborado en su aparición.

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## Introduction

Stenosis and occlusions involving the common (CCA) or internal (ICA) carotid artery account for the appearance of ipsilateral ocular signs and symptoms which could precede cerebrovascular accidents and even constitute the first expressions of carotid disease.<sup>1</sup> The most common symptom is visual loss, generally progressive due to sustained retinochoroidal hypoperfusion, although it can also be sudden in 12–41% of cases.<sup>2</sup>

## Clinic case report

Male, 77, referred to the ophthalmological practice due to diminished visual acuity (VA) in the right eye (RE). Relevant personal history included routine smoking and drinking habits, hypotension and dyslipidemia. Exploration revealed a corrected VA of 0.4 in RE, attributable to cortical-nuclear cataract. The patient underwent phacoemulsification in RE under peribulbar anaesthesia without complications. The following day the patient exhibited soft palpebral edema and

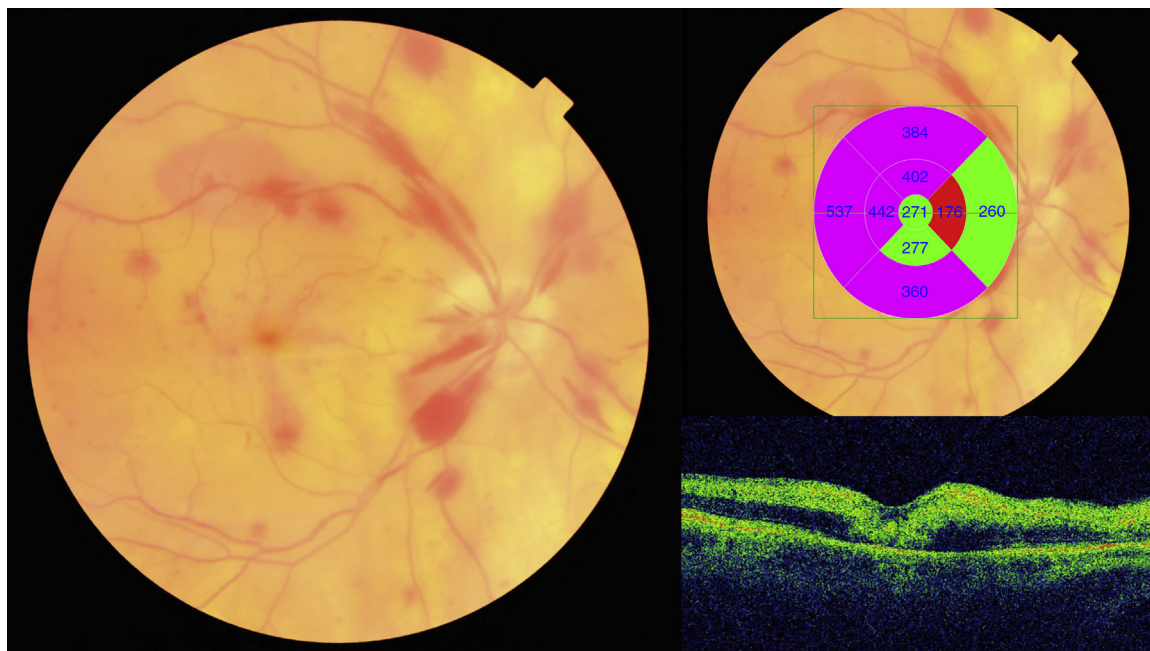


Fig. 1 – Retinography and optic coherence tomography showing diffuse retinal edema, hemorrhages and cherry red spot.

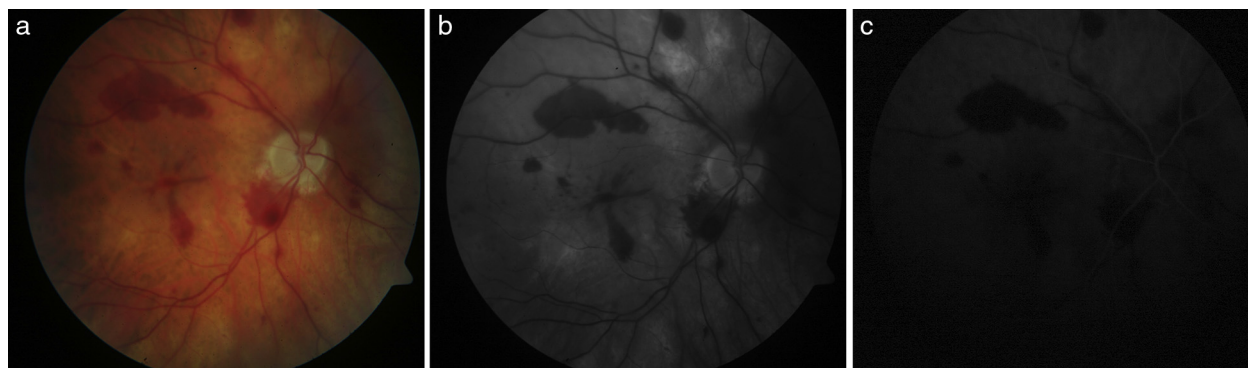


Fig. 2 – Angiographic sequence: (a) color retinography, (b) red-free and (c) delay in arm-retina time (32 s), suggesting central retinal artery (CRA) occlusion.

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