

Case Report

Favorable outcome after choroidal drainage for postoperative kissing suprachoroidal hemorrhage following trabeculectomy in a high myopic vitrectomised eye



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Abstract

A 39-year-old lady with past history of vitreoretinal surgery for retinal detachment and cataract surgery with Intraocular lens implantation was diagnosed as uncontrolled glaucoma. She had high myopia. She underwent Trabeculectomy and following which she presented with massive suprachoroidal hemorrhage in the first postoperative day with severe loss of vision. This case depicts the risk of suprachoroidal hemorrhage in a high myopic vitrectomised eye following glaucoma filtration surgery. It also demonstrates a favorable outcome following intervention for postoperative Suprachoroidal hemorrhage. At present, there is no evidence in literature of such event in a high myopic Vitrectomised eye following Trabeculectomy.

Keywords: Suprachoroidal hemorrhage, Trabeculectomy, Vitrectomised eye, High myopia

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Introduction

Suprachoroidal hemorrhage is a rare complication following glaucoma filtration surgery and is potentially vision threatening situation.^{1–6} Systemic and ocular risk factors include increased age, coagulation disorders, hypertension, glaucoma, myopia, pseudophakia or aphakia and pseudoexfoliation.³ The incidence of Suprachoroidal hemorrhage after glaucoma surgeries varies from 0.7% to 6.1%. Vaziri et al. have used a nationally pooled database containing data from all 50 states in united states and reported cumulative incidence rate of postoperative Suprachoroidal hemorrhage as 0.6–1.4% after Trabeculectomy and 1.2–2.7% after Tube Shunt procedures.¹ It has also been shown that 0.8% of

vitrectomized eyes developed delayed Suprachoroidal hemorrhage.^{7,8} The outcome of surgical management of massive Suprachoroidal hemorrhage after glaucoma filtration surgeries varies from perception of light to favorable outcome.

We report a case of immediate postoperative kissing Suprachoroidal hemorrhage after Trabeculectomy in a high myopic Vitrectomised eye. This case includes ocular risk factor of high myopia, status post vitrectomy surgery for retinal detachment, pseudophakia and glaucoma which was not reported earlier with favorable outcome. At present, there is no evidence in literature of such event in a high myopic pseudophakic vitrectomised eye following Trabeculectomy.

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Case report

A 39-year-old lady complained of decrease vision in right eye after Trabeculectomy on the first postoperative day. She was high myopic and gave history of undergoing retinal detachment surgery with silicone oil injection in right eye in 2008 followed by Silicone oil removal with scleral buckle removal in 2009. She also underwent peripheral barrage laser photocoagulation in left eye earlier. She underwent Cataract surgery with IOL implantation in right eye in 2011 followed by Yag Capsulotomy. The time difference between the last retinal surgery (Silicone oil removal) and trabeculectomy was 6 years.

On examination on first postoperative day, her visual acuity was Perception of light and inaccurate projection of rays in right eye and 0.3 (+2) (Over the contact lens refraction of $-2.0\text{ D } -0.75\text{ D} \times 5$). Anterior segment examination was unremarkable in left eye except contact lens in place. Right eye showed Quiet conjunctiva, flat bleb, clear cornea, deep

and quiet anterior chamber with silicone oil bubble, dilated pupil and peripheral iridectomy was present. There was no view of the fundus in right eye except retro-IOL Brownish lesion suggestive of choroidals was seen. Left eye showed clear ocular media, attached retina, peripapillary chorioretinal atrophy and peripheral laser marks. B Scan USG showed Kissing choroidal in right eye (Fig. 1 Top). Axial length of left eye was measured as 34.3 mm. Based on the clinical findings, a diagnosis of postoperative Suprachoroidal hemorrhage status post Trabeculectomy in right eye was made.

2 weeks later, B Scan USG of right eye was done which showed liquefaction of suprachoroidal hemorrhage (Fig. 1 Bottom). She underwent Choroidal drainage, removal of Silicone oil bubble from Anterior chamber and Fluid Gas Exchange. During surgery, posterior sclerotomy was made in the highest area of choroidal elevation (Fig. 2A) and supra-choroidal dark colored hemorrhage was drained (Fig. 2B and C). Sclerotomy was sutured with 8-0 vicryl once drainage was found to be adequate. This was done with AC



Fig. 1. B Scan ultrasonography of right eye showing diffuse echogenicity of SCH with apposition of wall suggestive of kissing choroidals (Top) on first postoperative day; bottom shows clearing of the SCH within two weeks.

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