CASE PRESENTATION

DR. Sravani
1st yr PG
Dept of Ophthalmology
Name : X X X X X
Age : 50yrs
Sex : male
Occupation : Farmer
Residence : Mothkur
• **CHIEF COMPLAINTS :**
  - Diminision of vision in Right Eye since – 3mnths
  - Diminision of vision in Left eye since – 1year
• **HISTORY OF PRESENT ILLNESS:-**

- Patient was apparently asymptomatic 3 months back, then he had blunt trauma to right eye with a ball and he had pain which was subsided on medication after 2 days, following which he developed diminished vision in right eye which was sudden in onset, progressively worsened and painless.

- H/O diminision of vision in left eye since 1 year insidious in onset, gradually progressive and painless.

- H/O floaters in Right eye.

- H/O flashes of light in Right eye.
No h/o Redness, Watering, Photophobia in right eye

No h/o Micropsia / Macropsia / Metamorphopsia in right eye
PAST HISTORY:

- H/O Right eye cataract surgery 2yr back
- No h/o DM/HTN/Asthma/Drug allergy
- No h/o Steroid usage in any form
- No h/o usage of any eye drops
• FAMILY HISTORY: No h/o similar complaints in the family

PERSONAL HISTORY:

Diet – mixed
Appetite – normal
Sleep – adequate
Bowel & Bladder – normal
Positive Findings

- H/o sudden, Painless, loss of vision in Right eye since 3mnths
- H/o Gradual, Painless, Progressive loss of vision in Left eye since 1 year
- H/O trauma to Right eye
- H/O floaters &Flashes in Right eye
- H/O Right eye cataract surgery 2Years back
Differential Diagnosis ?
- Retinal detachment
- Vitreous detachment
- Vitreous haemorrhage
- Degenerative retinoschisis
EXAMINATION
GENERAL EXAMINATION

- Patient was conscious and coherent oriented to time, place and person
- Moderately built and nourished
- Vitals are normal
SYSTEMIC EXAMINATION

- CVS – Normal
- Respiratory system – Normal
- CNS – Normal
- GIT - Normal
OCULAR EXAMINATION
On the day of presentation

<table>
<thead>
<tr>
<th></th>
<th>OD</th>
<th>OS</th>
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</thead>
<tbody>
<tr>
<td><strong>Visual acuity</strong></td>
<td>CF 3m PH NI</td>
<td>6/60 PH NI</td>
</tr>
<tr>
<td><strong>Near vision</strong></td>
<td>-</td>
<td>N12</td>
</tr>
</tbody>
</table>
• Head posture - Normal
• Facial symmetry – Maintained
• Ocular symmetry – Maintained
• Forehead – Normal
• Extra ocular movements – Full range in all directions
## SLIT LAMP EXAMINATION

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>EYELIDS</strong></td>
<td>Normal</td>
<td>Normal</td>
</tr>
<tr>
<td><strong>CONJUNCTIVA</strong></td>
<td>Normal</td>
<td>Normal</td>
</tr>
<tr>
<td><strong>CORNEA</strong></td>
<td>Clear</td>
<td>Clear</td>
</tr>
<tr>
<td><strong>ANTERIOR CHAMBER</strong></td>
<td>Normal depth, clear contents</td>
<td>Normal depth, clear contents</td>
</tr>
<tr>
<td><strong>IRIS</strong></td>
<td>Normal pattern &amp; colour</td>
<td>Normal pattern &amp; colour</td>
</tr>
<tr>
<td><strong>PUPIL</strong></td>
<td>Relative afferent pupillary defect +</td>
<td>Normal size reacting to light</td>
</tr>
<tr>
<td><strong>LENS</strong></td>
<td>Pseudophakia</td>
<td>Greyish white opacification-immature senile cortical cataract</td>
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### FUNDUS FINDINGS

<table>
<thead>
<tr>
<th>Media</th>
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<tbody>
<tr>
<td>Clear</td>
<td>Grey reflex seen on direct ophthalmoscopy and indirect ophthalmoscopy&lt;br&gt;Few pigments in vitreous cavity</td>
<td>Hazy d/t Lenticular Opacity</td>
</tr>
<tr>
<td>Retina</td>
<td>Opaque convex, corrugated appearance of retina with loss of underlying choroidal pattern with horse-shoe tear at 12.00 clock and presence of subretinal fluid in all quadrants including macula s/o total rhegmatogenous retinal detachment including macula</td>
<td>Medium in size, Pink, Circular, Well defined margins&lt;br&gt;Retina on in all quadrants&lt;br&gt;Macula healthy</td>
</tr>
</tbody>
</table>
Retinal detachment with macula off

Horseshoe tear at 12.0 clock position
INVESTIGATIONS

• what investigations to be done??
OCULAR INVESTIGATIONS

- Intraocular pressure
- Sac syringing
- A-scan
- Visual field charting
- Indirect ophthalmoscopy
- Optical coherence tomography (OCT)
- Ultrasonography
INTRAOCULAR PRESSURE – Schiotz tonometer by using 5.5 gmwt

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<tr>
<td><strong>On the day of presentation at 11.00am</strong></td>
<td>8 mm Hg</td>
<td>12 mm Hg</td>
</tr>
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</table>
Optical coherence tomography reveals subfoveal fluid
Ultrasound

Retinal detachment and proliferative vitreoretinopathy

Posterior vitreous detachment
SYSTEMIC INVESTIGATIONS

• Random blood sugar level
• Complete urine examination
• Electrocardiogram
• Physician fitness for surgery
What is the probable diagnosis?
• RE-- Total Rhegmatogenous retinal detachment with macula-off with proliferative vitreoretinopathy Grade-B with posterior vitreous detachment with horshoe tear at 12.00 clock in pseudophakic eye

• LE– Immature senile cortical cataract
TREATMENT
PREOP MEDICATION

TOPICAL –

• Eyedrops  MOXIFLOX 0.5% 6times per day
CONSENT

INFORMED WRITTEN consent was taken from patient and his attendant (son)
SURGICAL TREATMENT

• SCLERAL BUCKLING + PARS PLANA VITRECTOMY + ENDOLASER + SILICON OIL TAMPONADE UNDER LOCAL ANESTHESIA
POSTOP MEDICATION

TOPICAL : RIGHT EYE

• Eyedrops PREDNISOLONE ACETATE 1% hourly
• Eyedrops TIMOLOL MALEATE 0.5% twice a day
• Eyedrops MOXIFLOX 0.5% 6times per day

SYSTEMIC:

• Tab DIAMOX (Acetazolamide) 250mg twice a day for 3days
• Tab CIFRAN 500mg twice a day for 5days
• Tab FLEXAN twice a day for 5 days
• Tab RANTAC 150mg twice a day for 5days
POSTOP INSTRUCTIONS

Patient was advised to lie in prone position
POD – 1

On slit lamp examination of RE

cornea – clear

lens – pseudophakia
INTRAOCULAR PRESSURE – using schiotz tonometer with 5.5gm wt

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<tr>
<td>POD-1 at 11.00am</td>
<td>14 mm Hg</td>
<td>12 mm Hg</td>
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INDIRECT OPHTHALMOSCOPY OF RIGHT EYE

• Media - clear

• Retina – on with silicon oil insitu

• Endolaser marks seen

• Retina Break- flat
Post-operative fundus RE: retina flat with macula on
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• POD – 3
Patient was discharged on POD 5 with medications

**TOPICAL- RIGHT EYE**

- Eyedrops PREDNISOLONE ACETATE 1% with tapering dose
- Eyedrops TIMOLOL MALEATE 0.5% twice a day
- Eyedrops MOXIFLOX 0.5% 6times per day

Patient was advised to review every week
THANK YOU