

Treatment of complex traumatic retina detachment

Zhe Song, Ying Gao, Yan-Ting Xia

Department of Ophthalmology, Dongfang Hospital Affiliated to Beijing University of Chinese Medicine, Beijing 100078, China

Correspondence to: Zhe Song. Department of Ophthalmology, Dongfang Hospital Affiliated to Beijing University of Chinese Medicine, Beijing 100078, China. songzslong@sina.com

Received: 2012-04-18 Accepted: 2012-08-03

DOI:10.3980/j.issn.2222-3959.2012.04.27

Song Z, Gao Y, Xia YT. Treatment of complex traumatic retina detachment. *Int J Ophthalmol* 2012;5(4):539-540

Dear Sir,

I am Dr Zhe Song, from Department of Ophthalmology of Dongfang Hospital Affiliated to Beijing University of Chinese Medicine in Beijing, China. I write to present a case report of the treatment of complex traumatic retina detachment, which has three huge breaks.

A 35-year-old man, who was knocked down and hurt his right eye while playing football, complained of blur vision for a day. The visual acuity were 4/20 OD and 10/20 OS. The corrected visual acuity were 4/20 OD and 10/20 OS. The intraocular pressure were 12mmHg OD and 13mmHg OS. There was blood in the central vitreous of the right eye. One giant break and three nail type breaks were found in the temple retina. The temple retina detached, yet the macular area was not involved (Figure 1). And the fundus of the left eye was normal. B ultrasonic scan showed the right eye temple retina detachment (Figure 2). VEP and ERG of the eyes were normal.

According to the patient's situation, generally, vitrectomy and inert gas or silicon oil tamponade would be performed^[1]. However, the situation was special, and the patient had no condition to undergo the operation at once. So we performed retina photocoagulation near those breaks in time to stop the development of retinal detachment, injected 0.6mL of inert gas C₃F₈ into the vitreous cavity and cryo-coagulated the corresponding retina. Then the patient kept prone position for three weeks. Now the visual acuity of his right eye is 10/20. The retina has reattached and the breaks have closed up (Figure 3).

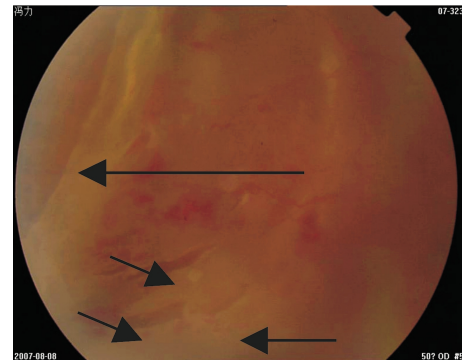


Figure 1 Fundus photograph of the right eye shows vitreous hemorrhage, temple retinal detachment and the retinal breaks indicated by the arrows.

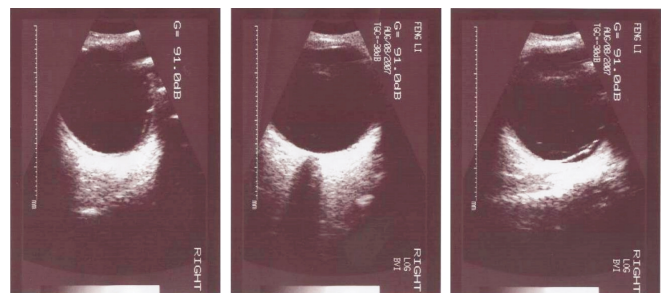


Figure 2 B ultrasonic examination of the right eye shows the temple retina detachment.

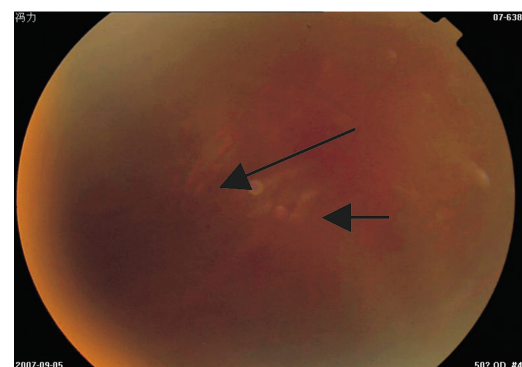


Figure 3 Being operated, the Fundus photograph of the right eye shows the reattached retina and many laser spots in the temple retina. The breaks have closed up. Arrows indicates the chorioid atrophy.

The treatment methods of complicated retinal detachment include injection of gas into vitreous cavity, sclera buckling and vitrectomy. The most efficient ways is the simplest ways to make the retina reattach. According to the patient situation, general curing ways for it are vitrectomy and inert gas or silicon oil tamponade. But these ways may bring severe complications, even the need of secondary operation.

Retinal detachment

Instead of the general ways, photocoagulation, inert gas injection and extra cryo-coagulation were adopted to cure this patient. These simple ways saved the patient's visual acuity and the outcome was satisfying^[2,3]. It may give us indication that simple ways can also solve complicated problems. When we meet problems, we should firstly choose simple ways^[4].

REFERENCES

- 1 Abrams GW, Azen SP, McCuen BW 2nd, Flynn HW Jr, Lai MY, Ryan SJ. Vitrectomy with silicone oil or long-acting gas in eyes with severe proliferative vitreoretinopathy: results of additional and long-term follow-up. Silicone Study report 11. *Arch Ophthalmol* 1997;115(3):335-344
- 2 Haut J, Allagui M, Lepvrier N, Morel C. Preventive surgical scleral buckling of retinal detachment after severe ocular injuries. *J Fr Ophtalmol* 1993;16(12):668-672
- 3 The repair of rhegmatogenous retinal detachments. American Academy of Ophthalmology. *Ophthalmology* 1990;97(11):1562-1572
- 4 Kresissig I. A practical guide to minimal surgery for retinal detachment. New York: Thieme Stuttgart, 2000. Hui YN, translator 2004