

Critical Complication Wonderfully Managed by Vitreoretinal Surgeon

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Patient's Data

- 81 years old, Obese, female patient, diabetic for more than 10 years, hypertensive with renal troubles.
- Complaining of bilateral progressive gradual diminution of vision.
- BCVA 6/36 OU.
- Anterior segment examination (OU) revealed :
 - Clear cornea
 - Quite and deep AC
 - NS +++
- Fundus examination showed no abnormalities.
- Management was planned for bilateral phaco OD then OS.



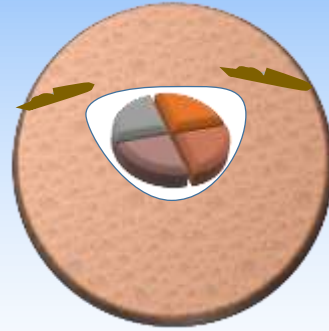
Management

- ❖ **OD : uneventful phacoemulsification with implantation of +12.00 single piece IOL (SA, Alcon®)**
 - On follow up; AR : +0.50 /-1.50 X 174 giving BCVA : 6/12
- ❖ **OS : phaco was planned a week later.**



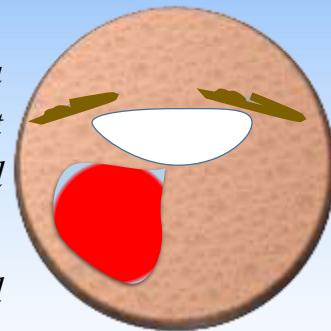
Management

- *Unfortunately, I don't have a video for OS phaco so please allow me to explain what happened with me.*
- *After cracking the nucleus and removal of 3 quadrants, I found a tear at the posterior capsule and I saw the last quadrant falling down.*



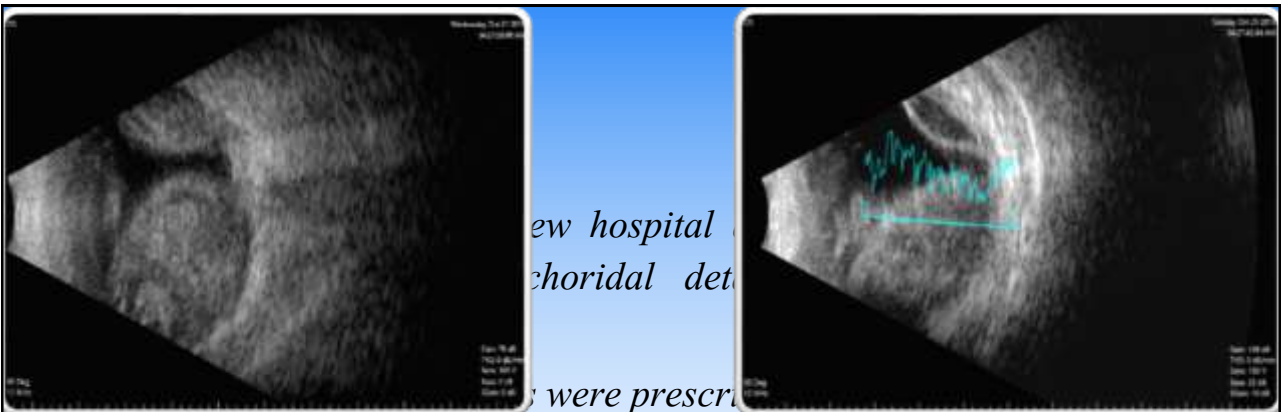
Management

- *Foot switch to position one, injection of plenty of methyl.*
- *Anterior vitrectomy using Cut/IA then I saw a shadow coming behind PC, Actually I thought it's the dropped quadrant, So I continued vitrectomy for a second.*
- *Suddenly, I found the shadow is increasing and the AC is collapsing so I took vitrectomy probe out, injected plenty of methyl and pressed on the main wound.*



Management

- Fortunately, the AC was formed again and bag pushed backwards.
- Implantation of +10.00 three pieces IOL (MA, Alcon®) ,at sulcus, was done with closure of the cornea with 10/0 silk single suture.

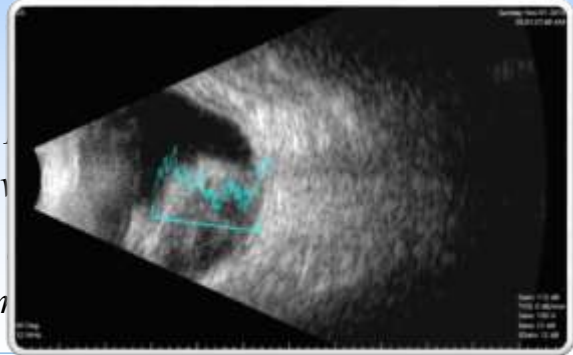


- After 3 days ,VA : HM, U/S showed massive suprachoroidal hge (Kissing choroidal)with the dropped quadrant.
- 4 days later under steroids,VA : counting fingers 10 cm inferiorly, U/S showed minimal improvement, so Dr.Sherif decided to observe.

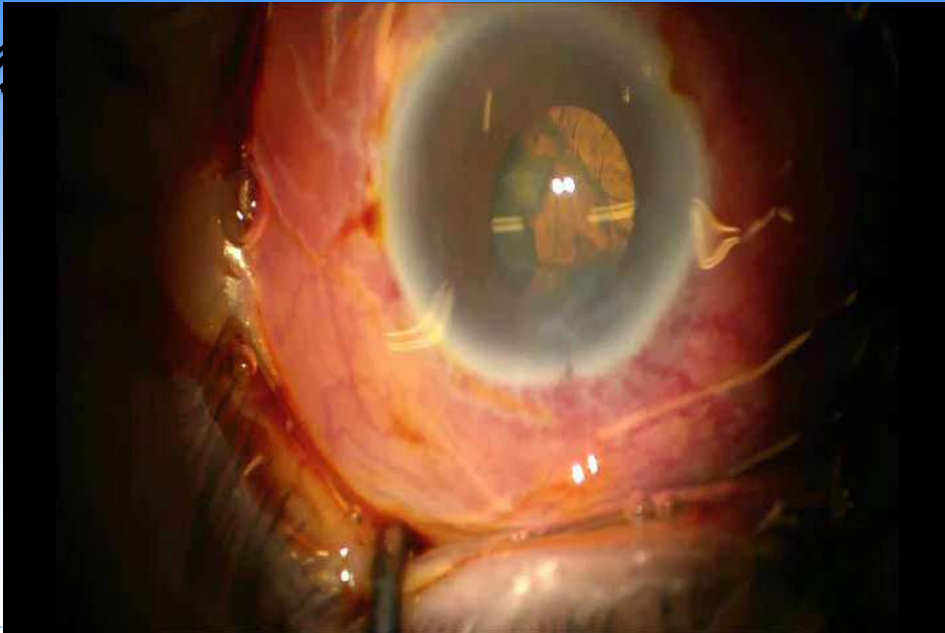


Management

- **6 days later, VA :** same, U/S showed no improvement, bl.sugar and bl.pressure were getting out of control & patient started to develop pain.
- **Besides the U/S confirmed that temporally** which encouraged sclerotomy & vitrectomy for removal.
- **As this would be a perfect timing** evacuation till clotted blood become

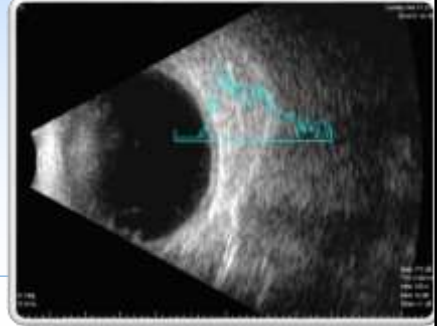


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Management

- *Patient was lost for a while due to a persistent central epithelial defect***!!!**
- **One month later, VA : 6/60, U/S showed a wonderful result with complete evacuation of choroidal hge and reattachment of all choroid.**



Management

- **2 monthes later, after removal of corneal suture, BCVA : 6/12 with +1.00 cylinder with normal appearance of all choroid and normal OCT macula.**
- **Remember, that BCVA (OD) is 6/12.**
- **Thanks to vitreo retinal surgeons.**

Review of literature

- *Suprachoroidal haemorrhage (SCH) is a potentially devastating complication of cataract surgery.*
- *SCH cases were **defined** as haemorrhage in the suprachoroidal space during cataract surgery, with an incidence rate of **0.04%**, during phacoemulsification.*
- ***Ocular hypotony** is considered to be essential in the development of SCH. SCH occurred most frequently **after removal of the nucleus.***



Review of literature

- ***Prompt normalisation** of intraocular pressure is therefore advisable.*
- ***In phacoemulsification**, this can be achieved by **filling the anterior chamber** with viscoelastic before starting irrigation/aspiration*
- ***While in ECCE**, we recommend **pre-placed sutures** in the section to aid reformation of the anterior chamber with viscoelastic after nucleus expression.*



Review of literature

- **Intraoperative drainage sclerostomy**, had full blown SCH by the next postoperative day and subsequently poor outcome.
- **Immediate closure** of the open globe must remain the priority in the intraoperative management of SCH.



Take home message

SCH remains a serious complication of cataract surgery, with potentially devastating consequences to vision.

Fortunately the incidence is very low, and a good visual outcome is still possible in limited extent of cases.

- *References*

Suprachoroidal haemorrhage complicating cataract surgery in the UK: epidemiology, clinical features, management, and outcomes; R.Ling, M.Cole et al, Br J Ophthalmol. 2004 Apr; 88(4): 478-480.



Thank You

