Oral | Abstract 300

RETINAL DETACHMENT & PVR

DEALING WITH TRAUMA

2-min Case presentation

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We present the case of a 38-year-old patient who attended casualty with a bilateral drop in vision. Examination revealed light-perception (LP) vision in both eyes and white, subluxated cataracts. Fundus examination was not possible; therefore, B-scan ultrasonography was performed. Imaging demonstrated a total retinal detachment in the right eye and a closed-funnel retinal detachment in the left eye. Upon further questioning, the patient disclosed a history of drug addiction and multiple past assaults.

The patient underwent standard phacoemulsification combined with 23-gauge pars plana vitrectomy (PPV). Due to lens dislocation, the eye was left aphakic. Intraoperatively, a 270-degree traumatic giant retinal tear, traumatic macular hole, and total retinal detachment with proliferative vitreoretinopathy (PVR) stage CA at nine clock hours were identified. Additional large posterior breaks with rolled edges were noted. Trimming of the rolled edges was performed, followed by a 270-degree retinectomy, endolaser photocoagulation, and silicone oil tamponade.

Initial postoperative recovery was favourable; however, the patient developed recurrent retinal detachment due to extensive PVR. A second surgery was performed, including extensive PVR peeling, an internal limiting membrane (ILM) flap for the traumatic macular hole, and extension of the retinectomy. Silicone oil tamponade was re-applied. During the early postoperative period, the patient experienced a very shallow anterior chamber, which gradually resolved with topical therapy. The retina remains attached to date, the macular hole has closed, and visual acuity has improved to 6/60, providing functional vision.

Severe traumatic retinal pathology presents significant surgical challenges. This case highlights the importance of staged surgical intervention, meticulous management of PVR, and the value of reconstructive techniques such as ILM flaps in achieving anatomical success. Despite the severity of the trauma and guarded visual prognosis, functional visual recovery can be achieved with timely and aggressive surgical management.