BLINDNESS FOLLOWING RETROBULBAR HEMORRHAGE AFTER RETROBULBAR ANESTHESIA

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A 66-year-old woman who had a retrobulbar anesthesia for cataract surgery developed permanent blindness associated with a retrobulbar hemorrhage without central retinal artery occlusion or prominent optic nerve trauma. Radio images showed a unique intracanal hematoma.

Retrobulbar anesthesia for cataract surgery has many complications, ranging from mild subcutaneous hemorrhage to severe retrobulbar hemorrhage with central retinal artery occlusion and/or optic nerve damage and leading to permanent blindness. Although blindness without central retinal artery occlusion or optic nerve trauma following retrobulbar hemorrhage been reported in peribulbar anesthesia for cataract surgery, (1) it had not been reported in retrobulbar anesthesia. We report a case of blindness following retrobulbar hemorrhage after retrobulbar anesthesia. Ocular fundus of the patient did not reveal any evidence of central retinal artery occlusion. Magnetic resonance imaging (MRI) showed no evident optic nerve displacement or enlargement. The possible etiologies of blindness in this case and the managements of major retrobulbar hemorrhage will be discussed.

Key words: cataract surgery, corticosteroids, ischemic optic neuropathy.

CASE REPORT

A 66-year-old woman had received a retrobulbar anesthesia for cataract surgery on the right eye in a local ophthalmic clinic. After the anesthesia, the ophthalmologist noticed that the right eye had become proptotic and tense. Under the impression of retrobulbar hemorrhage, digital pressure was applied and intravenous mannitol and steroid was immediately administered. The surgery was postponed and the patient was discharged. The patient returned to the clinic several hours later because eye pain became worse progressively. Conjunctival dissection on inferior-nasal quadrant about 3 mm from limbus to release the orbital pressure was performed. Eye pain didn't released and the patient visited our hospital for further management about 12 hours after the anesthesia.

The patient had hypertension but didn't receive