PRIMARY USE OF PNEUMATIC RETINOPEXY IN MANAGING OF RETINAL DETACHMENT CAUSED BY OCULAR PERFORATION AFTER RETROBULBAR ANESTHESIA
-- CASE REPORT

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Purpose: We report the clinical management of a patient who sustained scleral perforation and retinal detachment after retrobulbar block for cataract surgery.

Method: Interventional case report.

Case Report: This 82-year-old female patient had no significant past ocular or medical history. She had a planned cataract surgery after a single retrobulbar injection in the right eye at a local clinic 2 months ago. Blurred vision of the right eye was noted postoperatively. The best-corrected visual acuity of the right eye was counting finger at 30 cm. Fundus photography showed the site of the exit wound and retinal detachment. The submacular blood clot extended to cover the fovea. After intravitreal sulfur hexafluoride injection and remaining in the prone position, the retina was reattached. Focal laser was used around the retinal exit wound. At 6 months postoperatively, the retina remained flat and did not require further surgery. The best-corrected visual acuity was 0.02.

Conclusion: Globe perforation is a rare but potentially significant complication associated with injection of local anesthetic agents using needles. Careful attention to risk factors, early recognition, and prompt referral for management are recommended to improve visual prognosis. Sometimes managing complicated retinal detachment is difficult. In our case, only intravitreal gas injection and focal laser reattached the retina without incident. This simple approach is easier and more economical for older patients. If it doesn't work, further sophisticated surgeries can still be performed. However, final visual acuities depend on the severity of the intraocular injury and the macular status.


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