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SUPRACHOROIDAL HEMORRHAGE - TIPS AND TRICKS IN IDENTIFYING AND MANAGING THIS CATASTROPHE

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Introduction:

Suprachoroidal hemorrhage (SCH) can occur from incisional intraocular surgery and occasionally from trauma, and can cause significant ocular morbidity. Key considerations include early detection, optimized medical management with close follow-up, and appropriately timed minimally invasive surgery

Materials and methods:

We present a series of retrospective study of 18 patients with SCH occurring in association with cataract and vitreous surgery . All had large hemorrhagic choroidals with nine eyes presenting kissing choroidal detachment, three eyes with associated retinal detachment, and one eye with intravitreal hemorrhage. Surgery was delayed one to three weeks to allow B Scan guided liquefaction of the blood clot. The procedure consisted of anterior chamber fluid infusion, drainage sclerotomies, with pars plana vitrectomy with additional silicon oil tamponade in 4 cases. Follow-up of patients ranged from 6 months to 14 years

Results:

The results showed that risk factors including advanced age, taking anticoagulants, hypertension , glaucoma, vitrectomy, silicone oil removal, high myopia, aphakia, , sudden intraocular pressure drop during surgery. Visual acuity after surgery improved in all eyes ranging from from light perception to 6/9.

Conclusions:

Appositional suprachoroidal hemorrhage is a serious ocular complication with a guarded visual prognosis. Eyes with retinal incarceration, compared to eyes without retinal incarceration, had an increased rate of postoperative hypotony and poor visual outcome.

Sources:

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