

Abstract 188

BUCKLING THE ODDS: A NOVEL APPROACH TO RE-DETACHMENT UNDER SILICONE OIL IN A YOUNG PHAKIC EYE

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To present a unique surgical approach in a young phakic male with recurrent rhegmatogenous retinal detachment under silicone oil tamponade, emphasizing the role of tailored scleral buckling in select cases.

A 30-year-old male presented for a second opinion following a pars plana vitrectomy (PPV) with silicone oil tamponade in OS, performed elsewhere for an inferior rhegmatogenous retinal detachment with a large infero-temporal break. The primary surgical records lacked documentation of an encircling band which was confirmed on examination. The best corrected visual acuity was 6/6 in OD and 1/60 in OS. Fundus evaluation revealed macula-off redetachment with the original infero-temporal break found open under the silicone oil.

Given the patient's age and phakic status, a decision was made to proceed with scleral buckling using a 180° inferior segmental buckle combined with an encircling band. A standard peritomy was performed, and the inferotemporal break was localized with marking of its posterior edge. Intraoperatively, a single-25-gauge pars plana port was employed for passive silicone oil evacuation, allowing for controlled titration of intraocular pressure before closure. The port was sutured and peritomy closed uneventfully.

At post-operative month, visual acuity of the patient improved to 6/36 Snellen equivalents with attached retina and adequate silicone oil fill.

This case highlights a strategic and effective alternative in the management of inferior redetachments under oil, especially in young phakic patients. Scleral buckling with passive oil evacuation may serve as a viable technique, preserving the crystalline lens and avoiding repeat vitrectomy. This approach underscores the enduring relevance of buckling in the modern vitreo-retinal era, particularly when individualized to patient anatomy and surgical history.