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RHEGMATOGENOUS RETINAL DETACHMENT WITH SECONDARY MACULAR HOLE

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A 52-year-old female presented with sudden onset, painless diminution of vision in left eye for 6 days associated with floaters. There was no history of spectacle use. There was no history of trauma. She did not have any systemic illness. She had undergone cataract surgery in the left eye three years back. Vision in her left eye was HMCF PR accurate and an IOP of 11. Right eye had early IMSC with a vision of 6/9.

On anterior segment examination, her left eye had a posterior chamber IOL with an intact posterior capsule. On posterior segment examination of the left eye, there was a total rhegmatogenous retinal detachment with multiple horse-shoe tears with a full thickness macular hole. The right eye fundus was normal.

Left eye 25G vitreo-retinal surgery with endolaser with silicone oil infusion with internal limiting membrane peeling with free flap was done.

One one week follow up, retina was attached under oil and her macular hole had anatomical closure. She gained an uncorrected vision of 3/60 in the right eye and an IOP of 13. Refraction with spectacle correction was advised.