



Abnormal rare complication of scleral buckle done for R.D. in 68 years old male patient

KEYWORDS

Scleral buckle, Retinal detachment, Skin excoriation, Coloboma, Extrusions

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ABSTRACT

We are reporting a case of abnormal extrusion of sclera buckle done for R.D. in 68 years old male patient. This half extruded scleral buckle has led to the development of excoriation of skin with coloboma formation at lid margin.

Case Details : A 68 years old male patient came with complaints of mucopurulent discharge from right eye for the last 6 months. Patient also told that some plastic wire is coming out from right eye. Patient is otherwise normal except for his right eye problem. His left eye is pseudophakic with 6/9 vision.

This case report may be first of its kind. Patient is selected from general ophthalmic OP attending to a Government General Hospital, attached to Medical College. Patient had pseudophakic retinal detachment 2 years back and was operated for the same. He has developed end ophthalmitis 1 ½ year back leading to phthisis bulbi within 3 months. 8 months back he has noticed extrusion of sclera buckle from lower part of globe and half extruded sclera buckle was lying horizontally in the palpebral aperture, projecting out. After 3 months patient has developed skin excoriation at upper lid margin at two different places where scleral buckle is rubbing. This has led to chronic non healing ulcers with granulomatous reaction, coloboma formation at two different places over the upper lid margins. This condition was there for 8 months later patient has approached us at Government general Hospital, Vijayawada. Half extruded scleral buckle was removed totally after releasing the upper sclera knots of the buckle epithelialized colobomatous Lid margins were sutured back after roughening margins. Patient had normal upper lid margin two weeks after plastic surgery and was given an artificial shell for cosmetic purpose.

Conclusion: Extrusion of sclera buckle is one of the known complications after retinal detachment surgery but buckle lying on lid margin for 8 months in the palpebral aperture leading to lid margin ulceration, epithelialization and coloboma formation is very rare and has not been reported in the literature.

Discussion:

Even today, scleral buckling procedure is one of the best surgical procedures for rhegmatogenous retinal detachment with vitreo retinal tractional component, whatever may be the cause for R.D. Retinal sclera buckling surgical procedure is known to all which can be done either in local or general anaesthesia. Some of the known complications of scleral buckle done for R.D. are.....

- Choroidal haemorrhage
- Infection & Inflammation of sclera and conjunctiva along with tenon's capsule and episclera
- Secondary glaucoma
- Anterior segment ischaemic syndrome

- Vitreous haemorrhage

Long standing complications are

- Slipping of knots
- Local/complete extrusion of buckle

Here we have seen the buckle ½ extruded (lower part) out and the upper part is lying horizontally in the palpebral aperture for nearly 7-8 months, causing erosion of lid margin with artificial coloboma at lid margins.

Patient Pictures:



**REFERENCE**

1. American Academy of Ophthalmology: The repair of rhegmatogenous retinal detachment. Information Statement. *Ophthalmology* 1990;97:1562–1572. | 2. Brinton DA, Wilkinson CP. *Retinal Detachment. Principles and practice.* 3rd Edition. 2009; New York, Oxford University Press, pp149-180. | 3. Griffith RD, Ryan EA, Hilton GF: Primary retinal detachments without apparent breaks. *Am J Ophthalmol* 1976;81:420–427. | 4. Hilton, GF, Grizzard WS, Avins LR, et al: The drainage of subretinal fluid: a randomized controlled clinical trial. *Retina* 1981;1:271–280. | 5. Wilkinson CP. Scleral buckling techniques: A simplified approach. In Guyer DR, Yannuzzi LA, Chang S, et al (eds) *Retina-Vitreous-Macula* 1999; Philadelphia, WB Saunders, pp 1248-1271. | 6. Williams GA, Aaberg Jr TA: Techniques of scleral buckling. In: Ryan SJ Wilkinson CP (eds) *Retina* (Volume 3, 4th Edition). Philadelphia ; Elsevier Mosby 2006, pp 2035-207 | 7. Bores, L.D., *Scleral Reinforcement*, in *Refractive Eye Surgery.* 2001, Blackwell Science, Inc.: USA. p. 466-491. |