



ORIGINAL RESEARCH PAPER

Ophthalmology

SPONTANEOUS EXPULSIVE SUPRACHOROIDAL HAEMORRHAGE IN AN ELDERLY PATIENT PRESENTING AS GLOBE RUPTURE

KEY WORDS: Suprachoroidal haemorrhage, spontaneous, expulsive, globe rupture, elderly, anticoagulation.

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ABSTRACT

Spontaneous expulsive suprachoroidal haemorrhage (SESCH) is a rare but catastrophic ocular emergency, typically seen in elderly patients with multiple risk factors. It may mimic globe rupture with sudden, painful vision loss and extrusion of intraocular contents. We present a case of an 81-year-old hypertensive and anticoagulated female patient who presented with sudden ocular pain and loss of vision in her right eye. Clinical examination suggested globe rupture. However, imaging and intraoperative findings confirmed SESH. This case highlights the need for high clinical suspicion in elderly, anticoagulated individuals and the importance of distinguishing SESH from traumatic rupture for appropriate management.

INTRODUCTION

Suprachoroidal haemorrhage (SCH) refers to bleeding into the suprachoroidal space and can be classified as either traumatic, postoperative, or spontaneous. Spontaneous expulsive suprachoroidal haemorrhage (SESCH) is an extremely rare clinical entity characterized by sudden, painful ocular proptosis and rapid loss of vision. Predisposing factors include age, hypertension, anticoagulation, and arteriosclerotic changes.

SESCH can clinically mimic globe rupture with subconjunctival hemorrhage, prolapse of intraocular tissues, and flattened anterior chamber. Due to its dramatic presentation and the irreversible vision loss it causes, timely diagnosis and appropriate surgical intervention are crucial.

Case Report

An 81-year-old female presented to the emergency department with sudden, severe pain and complete vision loss in her right eye that started spontaneously while she was resting. She denied any trauma. Her medical history was significant for systemic hypertension and atrial fibrillation, for which she was on long-term warfarin therapy.

On examination, her right eye had no perception of light. Eyelid edema, subconjunctival hemorrhage, and uveal prolapse through a necrotic conjunctival site were noted. The anterior chamber was flat, and the intraocular pressure was digitally elevated. The globe appeared distorted and shrunken. The right eye was pseudophakic with normal vision and intraocular pressure.



Picture 1 & 2 – Image of the patient on presentation to the emergency

A B-scan ultrasonography revealed dense echogenic collection in the suprachoroidal space suggestive of massive hemorrhage. CT scan ruled out open globe injury and confirmed intraocular haemorrhage without any orbital extension.

Initial management involved intravenous mannitol and cessation of anticoagulants. However, due to intractable pain and suspicion of further prolapse, the patient underwent evisceration under local anesthesia. Intraoperatively, dark clotted blood filled the suprachoroidal space and confirmed the diagnosis of SESH. The posterior sclera was thinned but intact. Histopathological examination revealed organized blood clots within the suprachoroidal space without evidence of malignancy or vasculitis.



Picture 3 – Intra operative Picture of the patient during the procedure (Evisceration)

DISCUSSION

SESCH is a rare ophthalmic emergency. The pathophysiology is believed to involve spontaneous rupture of posterior ciliary arteries, precipitated by fragile vessels in elderly patients, especially under anticoagulation therapy. In our case, warfarin-induced coagulopathy likely contributed to the event.

Risk factors for SESH include:

- Advanced age
- Systemic hypertension
- Atherosclerosis
- Anticoagulation therapy (e.g., warfarin)
- Glaucoma and high axial myopia (not present in our case)

Clinically, SESH must be differentiated from traumatic globe rupture. Imaging modalities such as B-scan and CT are vital in confirming the diagnosis and planning management. Conservative therapy may be attempted in less severe cases, but evisceration or enucleation remains the standard in cases with no visual prognosis and intractable pain.

Several reports have documented poor outcomes despite intervention, emphasizing the need for prevention in high-risk patients through careful INR monitoring and avoiding sudden intraocular pressure changes.

CONCLUSION

Spontaneous expulsive suprachoroidal haemorrhage,

although rare, must be considered in elderly patients presenting with sudden ocular pain and signs mimicking globe rupture, especially those on anticoagulant therapy. Prompt diagnosis through imaging and appropriate surgical intervention is essential to alleviate pain and prevent complications. A multidisciplinary approach involving internists and ophthalmologists is often necessary for optimal management.

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