

Hemorrhagic macular intraretinal macrocyst in long-standing rhegmatogenous retinal detachment

A 73-year-old lady presented with right eye vision loss for 2 years. Best corrected visual acuity (BCVA) was counting fingers close to face. Fundus revealed the presence of a rhegmatogenous retinal detachment with a superotemporal large horseshoe tear and proliferative vitreoretinal changes along with a large intraretinal hemorrhagic macrocyst involving the macula [Fig. 1a]. She underwent vitrectomy with silicone oil tamponade. The cyst was not disturbed intraoperatively. Retinal neovascularization and hemorrhagic cyst were intact at 1-month follow-up [Fig. 1b and c]. Seven months post-surgery, the hemorrhage had resolved, and the cyst had collapsed (BCVA 20/250). Retina was attached with silicone oil *in situ* and foveal thinning was noted [Fig. 1d and e]. Blood in the retinal macrocyst cavity is owing to either rupture of retinal blood vessels lining the macrocyst, bridging retinal vessels over a retinal tear, or peripheral neovascularization.^[1-3] Because the resolution of hemorrhage and collapse of the cyst could happen after successful retinal reattachment, macrocyst could be observed.

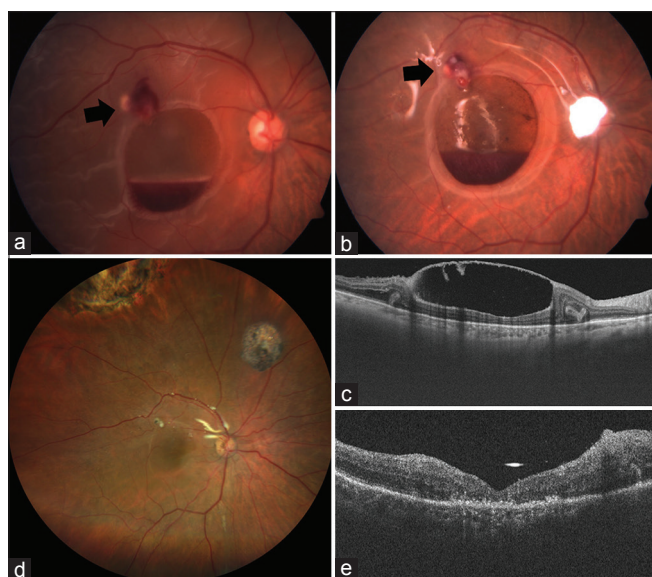


Figure 1: (a) Right eye fundus photo revealed a large hemorrhagic macular intraretinal macrocyst with retinal neovascularization at the superior edge (arrow) in a detached retina. Blood was seen settled in the bottom third with a yellow fluid layer separated at the top of the blood column. A clear fluid filled the rest of the cyst. (b) One month after the vitrectomy, the retina was reattached, however, the retinal neovascularization (arrow) and the hemorrhagic cyst were noted to be intact. (c) Optical coherence tomography (OCT) confirmed the sub internal limiting membrane location of the cyst at 1 month follow-up. (d) Complete resolution of the hemorrhage and the cyst were noted at 1 year follow-up. (e) OCT showed foveal thinning with loss of outer retina at 1 year follow-up

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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