Retinal incarceration in the needle perforation track

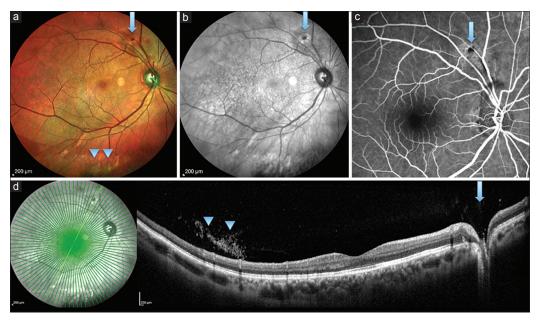


Figure 1: Multi-modal imaging of retinal incarceration in the needle perforation track

A 60-year-old female was referred due to floaters in her right eye after uneventful cataract surgery performed 2 weeks ago. The patient had reported severe pain during peribulbar injection. A perforation site was seen along superotemporal vascular arcade on multi-color scanning laser and infrared reflectance imaging [arrow, Fig. 1a and b]. Fluorescein angiography showed localized nonperfusion [Fig. 1c]. Optical coherence tomography showed incarceration of retinal layers and obliteration of choroidal vessels at the perforation site [arrow, Fig. 1d]. Vitreous hemorrhage, the cause of floaters, was seen on color photograph and optical coherence tomography [arrowheads, Fig. 1a and d]. Ocular perforation during the peribulbar block is a potentially sight-threatening complication.[1] In some cases, the damage may be limited, especially if the drug is not injected into the eye. Retinal incarceration in the present case probably occurred at the time of withdrawal of needle and prevented further retinal detachment.

The authors present imaging features of retinal incarceration in a needle perforation track following peribulbar anesthesia.

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 The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.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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