Intraocular intrusion in vitreous cavity of encirclage band following retinal detachment surgery

A 50-year-old pseudophakic male underwent resurgery for rhegmatogenous retinal detachment (RD) in OD with relaxing retinectomy (inferonasal) and silicon oil (SO) reinsertion. Postoperative (PO) day 1, the patient had inferior subretinal fluid with break at band edge. He was reoperated with gas (14% C_3F_8) tamponade instead of SO (explained by principle of buoyancy). Scleral buckles indented into an otherwise near-spherical vitreous cavity (VC). SO has been shown not to make contact with the retina on either side of the indent, and it retains a spherical shape and does not fill the recesses created by the indent.[1] PO intraocular pressure (IOP) spike, shallow anterior chamber was managed with antiglaucoma medication and laser peripheral iridectomy. He presented a week later with band buckle (BB) intrusion in VC [Fig. 1]. We hypothesized that with time band got displaced posteriorly lying inside orbital cavity and healed by fibrosis maintaining integrity of the globe. Options explored were of cutting band to release any further tension. None of the instrument was apt to cut it inside VC. Any manipulation from outide might disturb integrity of the globe. Taking all points into consideration and the patient maintaining best-corrected visual acuity of 6/24 with retina ON, we decided to leave BB lying nasally, observed closely. Risk factors associated with intrusion include high myopia, thin sclera, multiple operations, glaucoma, and infection.[2-4] Thinning in the quadrant of intrusion might have caused sclera to give way even though the patient was non-myope without any connective tissue disorder. In the study by Unlu *et al*., intrusion of scleral sponge implant after retinal reattachment surgery occurred after 3 months and was managed by cutting the silicone band without removing it.[5] Hence, in any case of sclera thinning, encirclage band should be used cautiously as acute rise in IOP postoperatively might cause band intrusion.

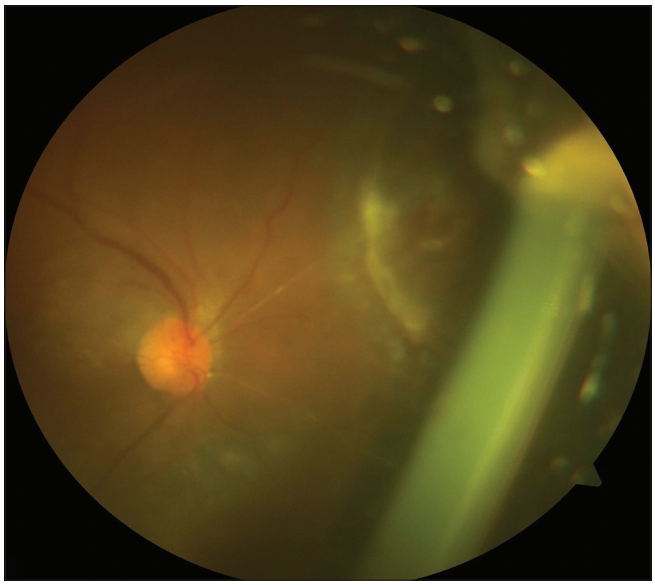

Figure 1: Intraocular intrusion of encirclage band in vitreous cavity (nasally) following retinal detachment surgery

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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