

Abstract 104

ACUTE POST-OPERATIVE MACULAR EDEMA AND SEROUS RETINAL DETACHMENT AFTER STANDARD INTRACAMERULAR CEFUROXIME INJECTION IN UNEVENTFUL PHACOEMULSIFICATION: A CASE REPORT.

Poster

Kagkeleri E.^[1], Dell'Acqua M.^[1], Caminada L.M.^[2], Trabucchi G.^[1]

^[1]ASST Ovest Milanese ~ Legnano ~ Italy, ^[2]Ospedale San Raffaele ~ Milano ~ Italy

Purpose:

The purpose of this report is to describe a case of acute macular edema and multifocal serous retinal detachment in the first post-operative day after an uneventful cataract surgery with standard dose of intracameral cefuroxime.

Methods:

A case of a 63 year old male patient who underwent a right eye phacoemulsification surgery for corticonuclear cataract, performed by an experienced surgeon under topical anesthesia (oxybuprocaine hydrochloride 4mg/ml). At the end of the procedure, standard dose cefuroxime (1mg/0,1mL) was injected in the anterior chamber as endophthalmitis prophylaxis. Pre-operative and post-operative ophthalmic examination (visual acuity (VA), slit lamp examination (SLE), intraocular pressure (IOP) measurement and fundus examination) were performed.

Results:

The patient had no other ocular or systemic comorbidities. Pre-operative VA was 0,60 logMAR; the day after surgery the VA was 1.3 logMAR. The fundus examination and OCT revealed a massive serous macular detachment and macular edema, which involved the posterior pole beyond the temporal arterial and venous vessels. Both have been regressed after 4 days of standard post-operative local therapy (Bromfenac eye drops 2 times/day and Netilmicin sulphate/Dexametasone sodium phosphate eye drops 4 times/die). The final visual outcome was 0.10 logMAR, with mild metamorphopsia left, while final IOP was 10 mmHg.

Conclusions:

Transient serous retinal detachment with macular edema after intracameral cefuroxime injection in uneventful phacoemulsification have been described. Most of them are associated with accidental antibiotic overdose, while standard dose regimen is much less frequent. More studies are needed in order to understand the pathophysiologic mechanism of this event.