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OCULAR DECOMPRESSION RETINOPATHY: A RARE COMPLICATION OF GLAUCOMA DRAINAGE SURGERY

Oral

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Purpose:

To present two cases of ocular decompression retinopathy which followed glaucoma drainage surgery, with multimodal imaging, and to present a review of the relevant literature.

Methods:

Clinical information was reviewed and information on diagnosis, listing intraocular pressure (IOP), surgical approach and postoperative course compiled. Intraoperative images and video, as well as postoperative widefield retinal imaging and macular optical coherence tomography (OCT) scans were included.

Results:

Case 1 is a 65-year-old male who underwent a right eye trabeculectomy for uncontrolled pseudoexfoliation glaucoma and a preoperative IOP of 45 mmHg. Postoperatively, IOP was 2 mmHg and widespread intraretinal haemorrhages were noted in the right fundus.

Case 2 is a 48-year-old female with a background of scleritis and steroid response glaucoma who underwent a left eye aqueous shunt insertion (Paul Glaucoma Implant). The preoperative IOP was 68 mmHg, and postoperative IOP 11 mmHg. Unilateral intraretinal haemorrhages were noted in the left eye.

In both cases the diagnosis of ocular decompression retinopathy was made.

Conclusions:

Ocular decompression retinopathy is a rare complication of glaucoma drainage surgery, which can occur when high preoperative IOP is rapidly decreased to physiologic or sub-physiologic levels. In both the cases described, the macula was spared and postoperative visual acuity was similar to preoperative levels.