

Choroidal Detachment: Serous, Appositional/Kissing

Category(ies): Retina, Vitreous

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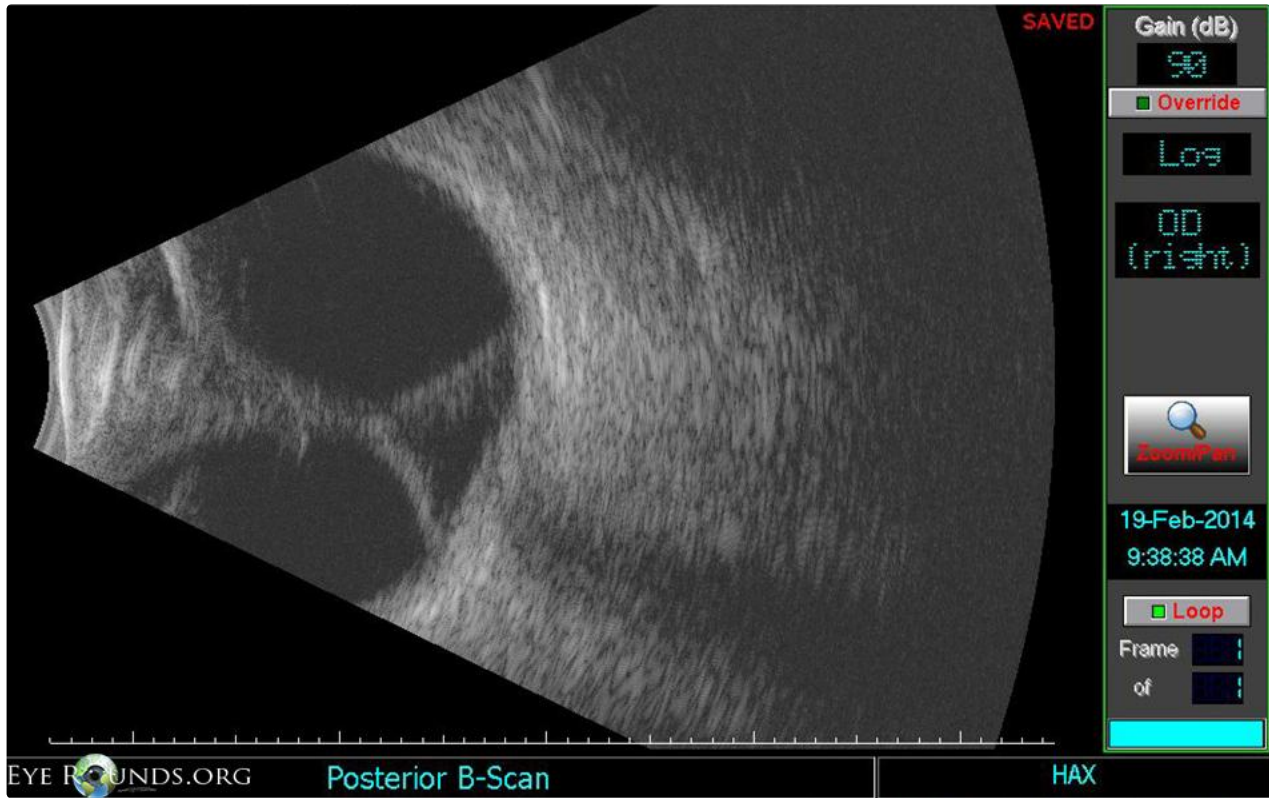
74-year-old female with a history of pseudophakia OU and primary open angle glaucoma OU that was treated in the past with trabeculectomy surgery OU (right eye 5 months prior, uncomplicated). The patient presented with acute onset decreased vision in the right eye. She denied any recent falls or trauma. She did not experience any pain or irritation. There were no other inciting factors (e.g. no new medications or activities).

Her vision was light perception and her intraocular pressure was 5. Of note, her baseline vision OD was 20/30 and intraocular pressure 12 just one month prior.

Her slit lamp exam showed a slightly elevated diffuse bleb and a deep anterior chamber, without significant inflammation. The posterior pole showed large bullous appositional serous choroidal detachments.

Right Eye: appositional serous choroidal detachments

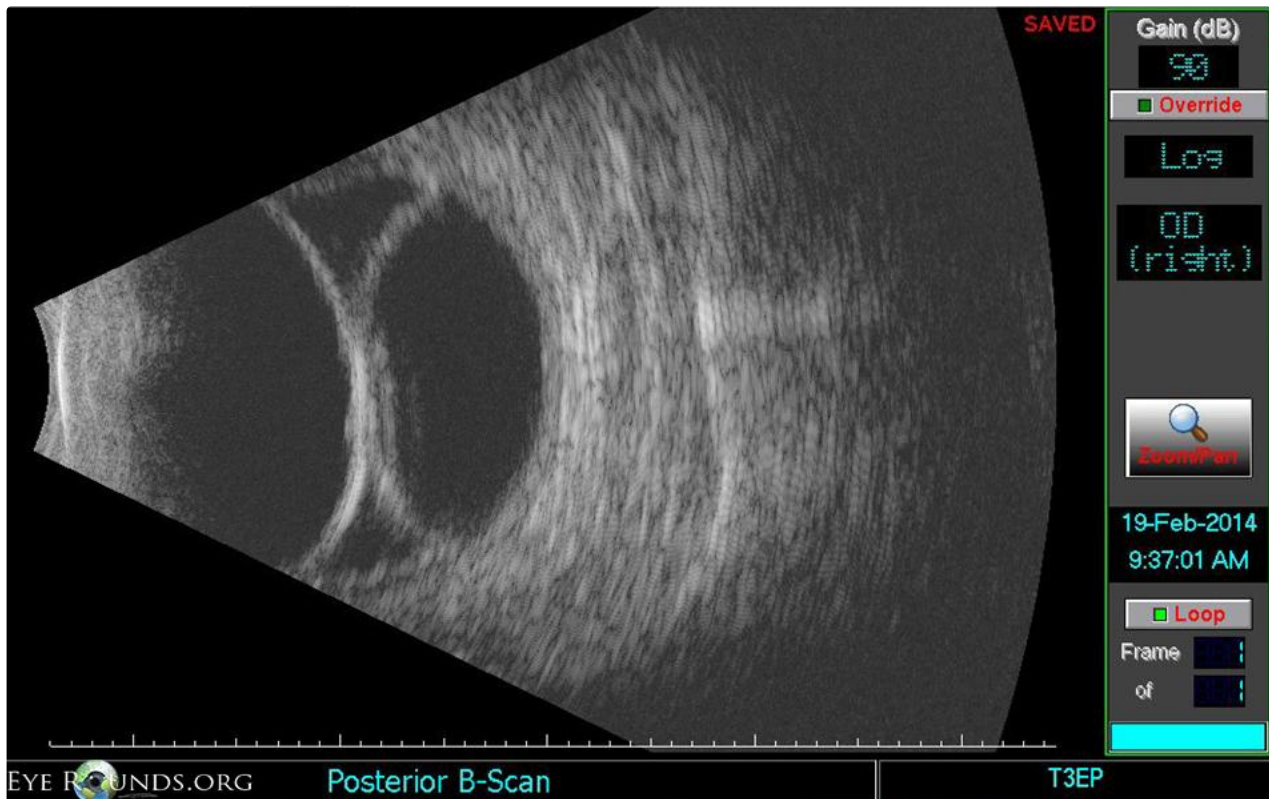




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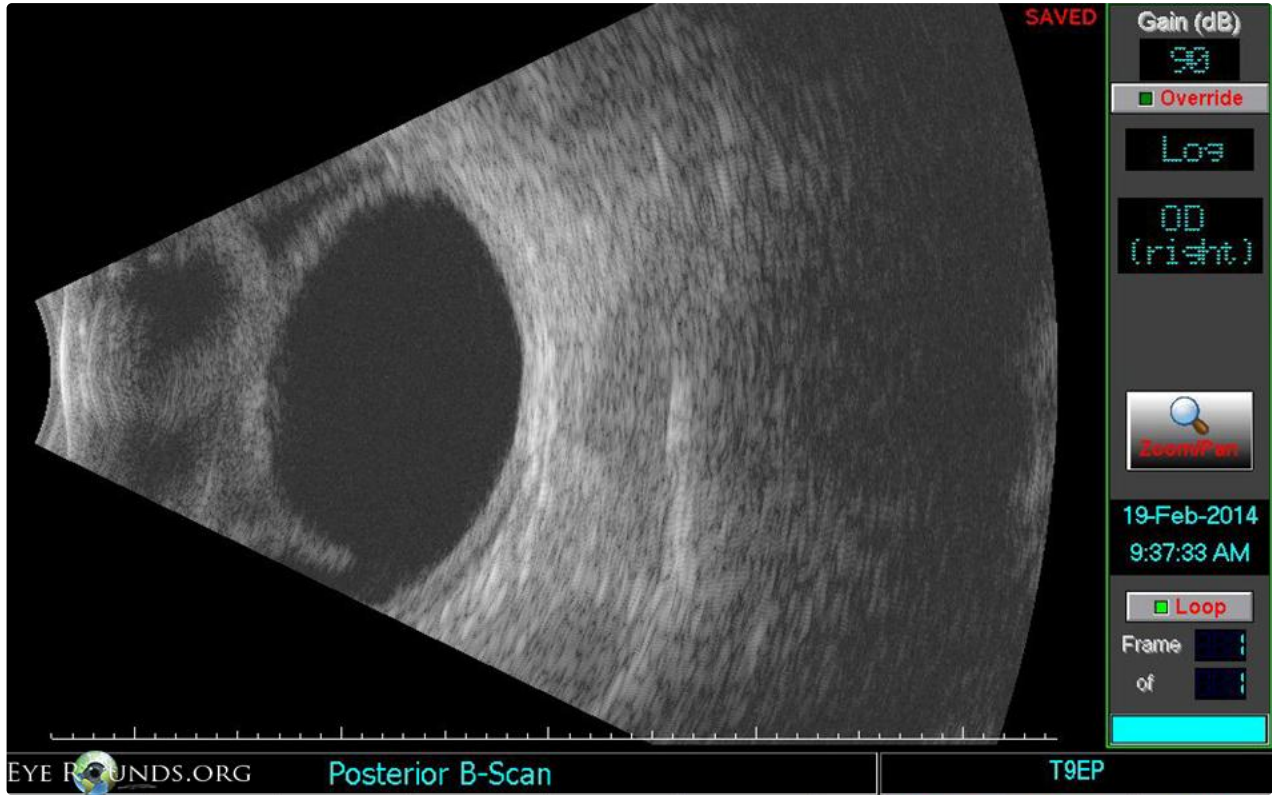


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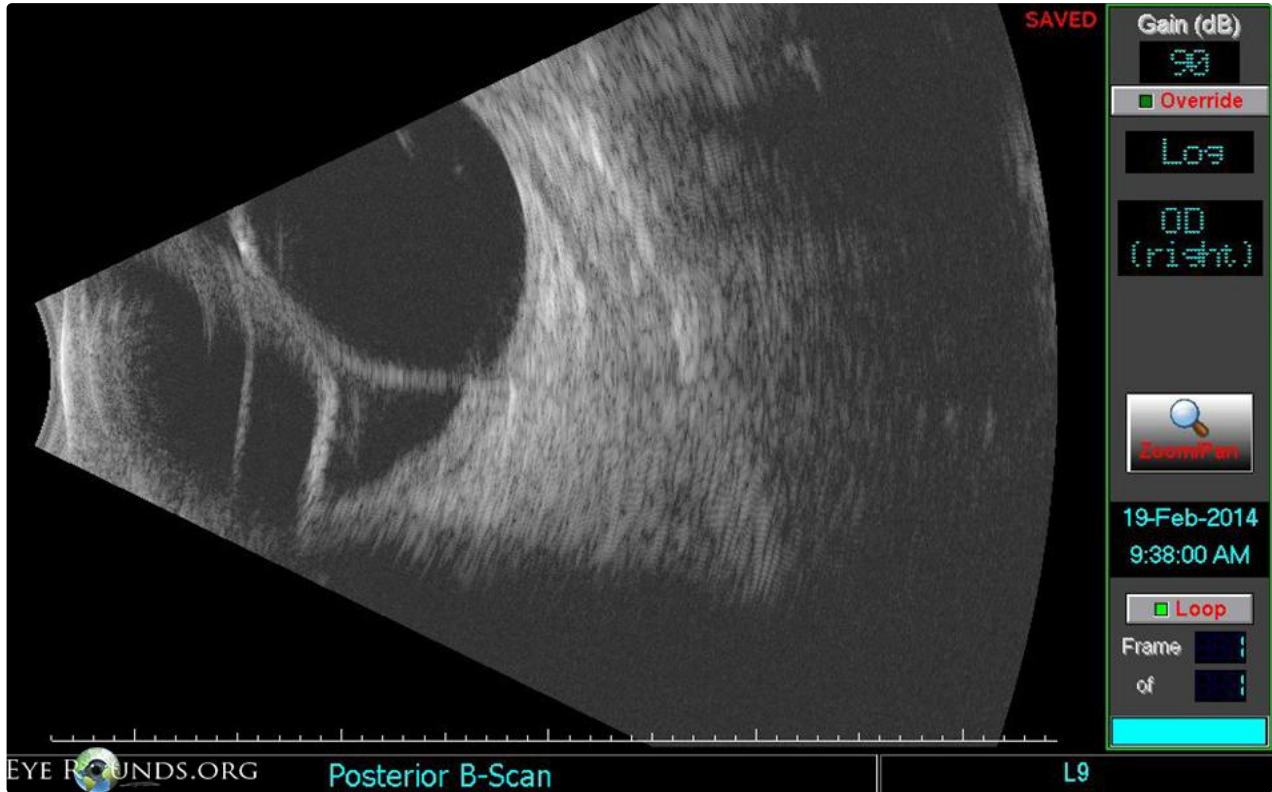
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Summary: Choroidal Detachment: Serous

Serous choroidal detachments (or choroidal effusions) describe an abnormal accumulation of fluid in the suprachoroidal space.

It is a common complication of glaucoma surgery, but may arise from other intraocular surgeries or eye conditions (e.g. inflammation, infection, trauma, neoplasm, drug reaction, and venous congestion).

Hypotony is the main cause of fluid accumulation, although the choroidal effusion in itself exacerbates hypotony by reducing aqueous humor production.

B-scan can help differentiate choroidal effusions from retinal detachments.

Surgical drainage is indicated when there is a flat anterior chamber, decreased vision, long-lasting choroidal effusions, or appositional ("kissing") choroidals. Appositional choroidals, as in this case, should be managed urgently to avoid retinal adhesion/membrane formation.

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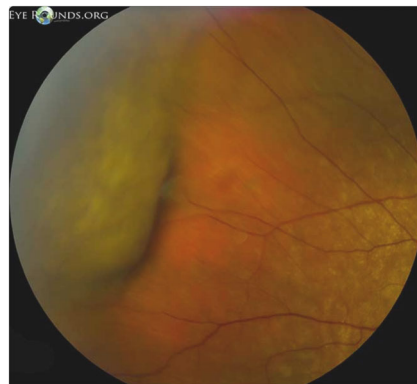
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