CLINICAL REPORT

A 72-year-old woman with a non-controlled POAG, best corrected visual acuity of 20/20 and intraocular pressure (IOP) of 28 mmHg underwent a deep sclerectomy with an intrascleral non absorbable acrylic implant (Esnoper™, AJL Ophthalmics, Álava, Spain) in her right eye.

Surgery and early postoperative period was carried out without any complication.

DISCUSSION

Descemet detachment is a rare complication after DS and it can easily be overlooked or misdiagnosed. The diagnosis of Tenon’s cyst is made clinically, nevertheless newer imaging modalities, in particular AS-OCT, are able to reveal details of internal bleb morphology that may not be visible to the standard slit-lamp examination.

Our patient’s treatment option was to lower the intraocular pressure by needling of the Tenon’s cyst. Other reported DMD treatment regimens included observation, anterior chamber injections of air or viscoelastic, transcorneal suturing, and gas descemetopexy.

In summary, AS-OCT is helpful in diagnosis and management of DMD secondary to Tenon’s cyst after deep sclerectomy.

ANTERIOR SEGMENT-OCT IN MANAGEMENT OF DESCemet ´S MEMBRANE DETACHMENT AFTER DEEP SCLERECTOMY

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