**Cyclodialysis cleft treatment with a minimally invasive technique**

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**Purpose:** To report a case of a cyclodialysis cleft that was successfully managed with a minimally invasive technique.

**Methods:** A 37-year-old male, victim of a car crash with severe head injury and blunt ocular trauma was referred to our service for evaluation and treatment of a left eye hypotony. On presentation, left eye intraocular pressure (IOP) was 3 mm Hg and visual acuity (VA) was 3/10 (pinhole). Left eye gonioscopy revealed a cyclodialysis cleft extending from the 11 to 1 o’clock positions, which was confirmed by Ultrasound Biomicroscopy (UBM). Fundoscopy showed optic disc edema and hypotonic maculopathy. The patient failed to respond to conservative treatment with atropine 1% twice daily, and so a single bubble of 16% hexafluoroethane was injected into the vitreous cavity, followed by transconjunctival cyclocryotherapy.

**Results:** After gas absorption, IOP increased to 12 mm Hg and became steady during the six months of follow-up. Hypotonic maculopathy resolved and VA improved to 8/10 (pinhole).

**Conclusion:** Gas endotamponade in conjunction with ciclocryotherapy is a minimally invasive technique that should be considered for patients with cyclodialysis clefts that had failed to respond to medical therapy.

**Bibliography**
