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Service (sector) Cataract N° CEP

### **Acute Amaurosis Secondary to Peribulbar Hemorrhage**

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Purpose: To report a case of acute amaurosis secondary to optic nerve ischemia caused by peribulbar hemorrhage. Design: Observational Case Report Methods: Chart review to collect data for a case report. Results: A 60-year-old woman with high myopia and a senile cataract in the OD was scheduled to undergo phacoemulsification surgery with peribulbar anesthesia. The patient was sedated with 15mg of intravenous fentanyl and 1,5mg of midazolam and she was monitored by cardioscope, oximetry and non-invasive arterial blood pressure measurements. A 30x7mm needle was used with a 10ml syringe, filled with bupivacaine 0,75% and placed in the inferior margin of the orbit for the peribulbar block. During the anesthetic procedure, just after the needle placement, blood reflux was observed in the needle and syringe. No anesthetic was injected and needle was removed. Peribulbar hemorrhage was diagnosed. Ocular compression was immediately performed, in addition to the routine procedures for cases of peribulbar hemorrhage, mannitol 20%, acetazolamide and orbital decompression by a cantotomy. The intraocular pressure (IOP) was intensively monitored using a hand tonometer (Perkins), indicating an initial IOP of 50mmHg and a final, controlled IOP (after all the procedures) of 18mmHg. Surgery was canceled. On the next day the VA was NLP and the pupil was not responsive to light. A Magnetic Nuclear Resonance Image (MRI) was completed and no nerve compression or deficit on the blood supply was detected in the OD. Conclusions: Peribulbar hemorrhage may cause acute optic nerve ischemia which may result in amaurosis, even when promptly treated.