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Service (sector) Trauma N° CEP

Direct Cyclohexy for Traumatic Ciliochoroidal Detachment

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Purpose: To describe the direct cyclohexy for a traumatic ciliochoroidal detachment with persisting ocular hypotony.

Methods: A 41 year-old man complaining of progressive blurred vision in his left eye (OS) after ocular blunt trauma was referred to the emergency room of Sao Paulo Hospital (UNIFESP). His best-corrected visual acuity was hand motions and the ophthalmologic examination revealed severe ocular hypotony with a small cyclodialysis cleft. Indirect ophthalmoscopy showed severe hypotonic maculopathy. A peripheral choroidal detachment and a 360° ciliochoroidal detachment were found at the ultrasound examination and ultrasound biomicroscopy (UBM). Direct surgical cyclohexy was performed in 4 quadrants without intraoperative complications. Serial UBM exams and retinographs were performed during postoperative period.

Results: After 1 month follow-up intra-ocular pressure was controlled with no medication and at last visit (5 months after surgery) the visual acuity was 20/40 with no signs of maculopathy or any other ophthalmoscopy findings.

Conclusion: The ciliochoroidal detachment is a serious complication of severe ocular trauma and must be repaired before retinal folds lead to irreversible visual loss. Direct surgical cyclohexy is a sucessful treatment for a large hypotonous ciliary body detachment.