

CASE OF TRACTIONAL RETINAL DETACHMENT DUE TO DIABETIC RETINOPATHY

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HISTORY

58/Male, known case of Type 2 Diabetes Mellitus , on treatment for same,
Tailor by occupation and residing in Pune.



CHIEF COMPLAINT

*BE : Gradual diminution of vision ($LE > RE$)
x 2 Months*

- Painless and Progressive in Nature
- Associated with **flashes** and **floaters**



PAST HISTORY

- Patients gives history of receiving some injection & Laser therapy in both eye.
- No h/o hypertension, bronchial asthma, tuberculosis or cardiac co-morbidity.
- No h/o Substance Abuse.

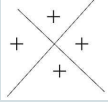


GENERAL & SYSTEMIC EXAMINATION

- Haemodynamically Stable.
- Random Blood Glucose Level = 150 mg/dl



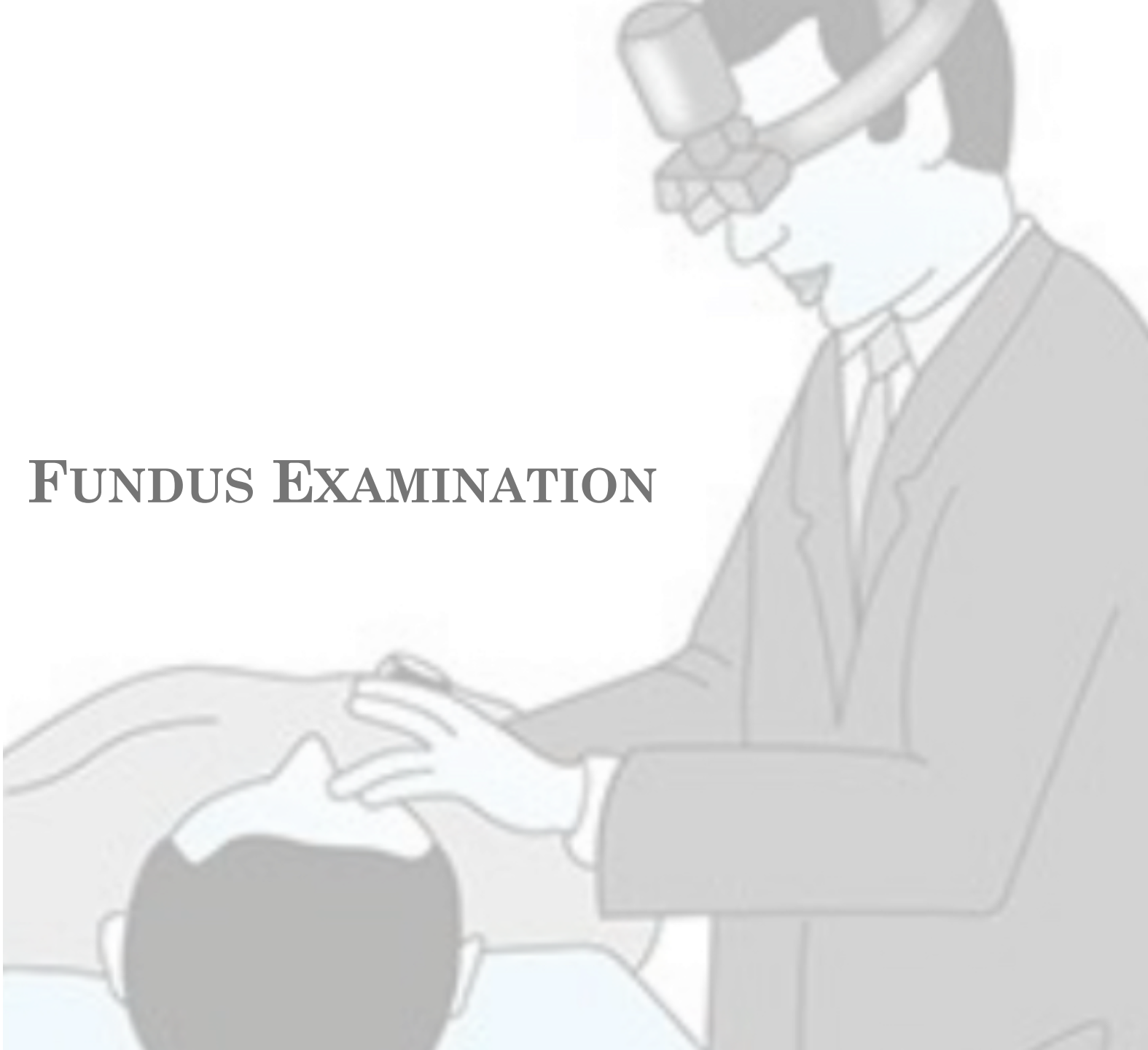
OCULAR EXAMINATION

	RE	LE
Vision	6/36 --NI	FC 1/60 PR NI  →
Extraocular movements	Full, free & painless	Full, free & painless
Head posture & facial symmetry	N	N
Orbit	N	N
Eyelids	N	N
Eyelashes	N	N
Eyebrows	N	N

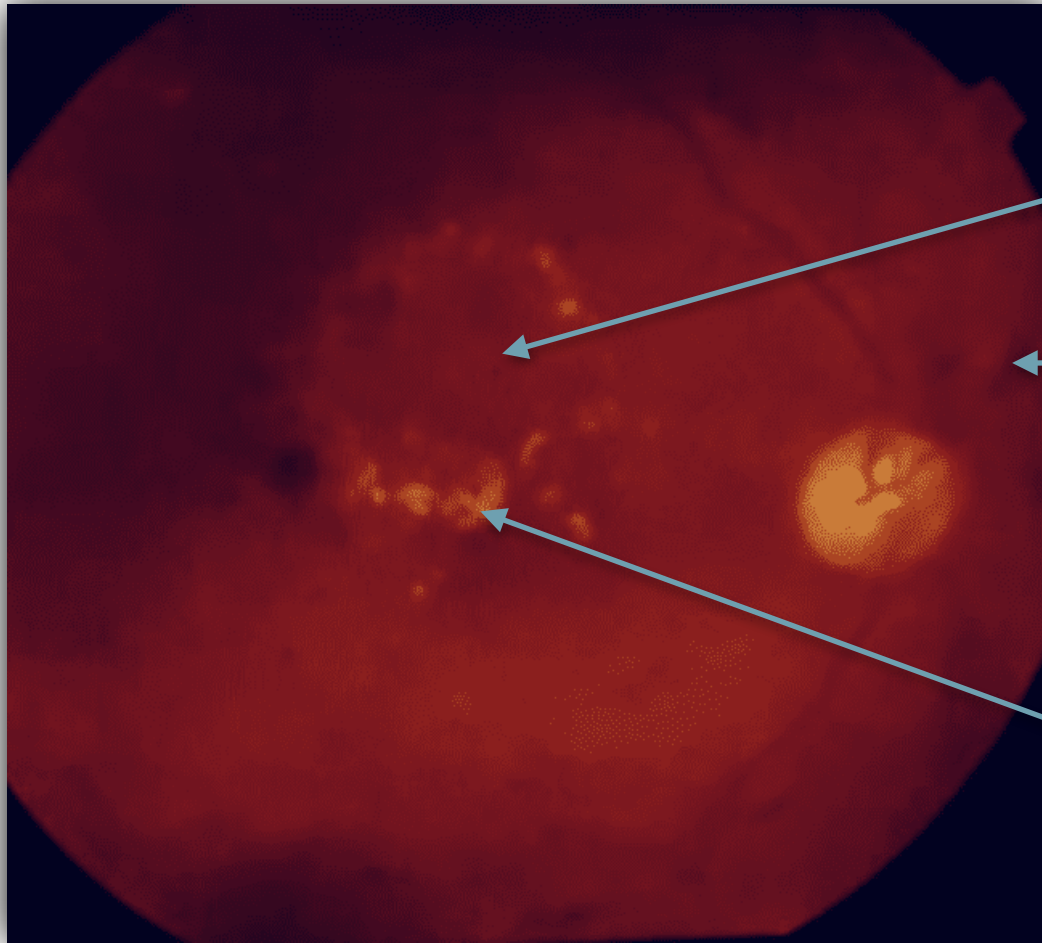
ANTERIOR SEGMENT EXAMINATION

	RE	LE
Conjunctiva	N	N
Cornea	Clear	Clear
Anterior chamber	N depth	N depth
Iris	N pattern	N pattern No evidence of NVI
Pupil	C/C/Reacting to light	C/C/Sluggishly reacting to light
Lens	Grade I Nuclear Sclerosis	Grade I Nuclear Sclerosis
Intraocular Pressure (Goldmann Appl. Tonometry)	12 mm Hg	14 mm Hg

FUNDUS EXAMINATION



FUNDUS EXAMINATION (RIGHT EYE)



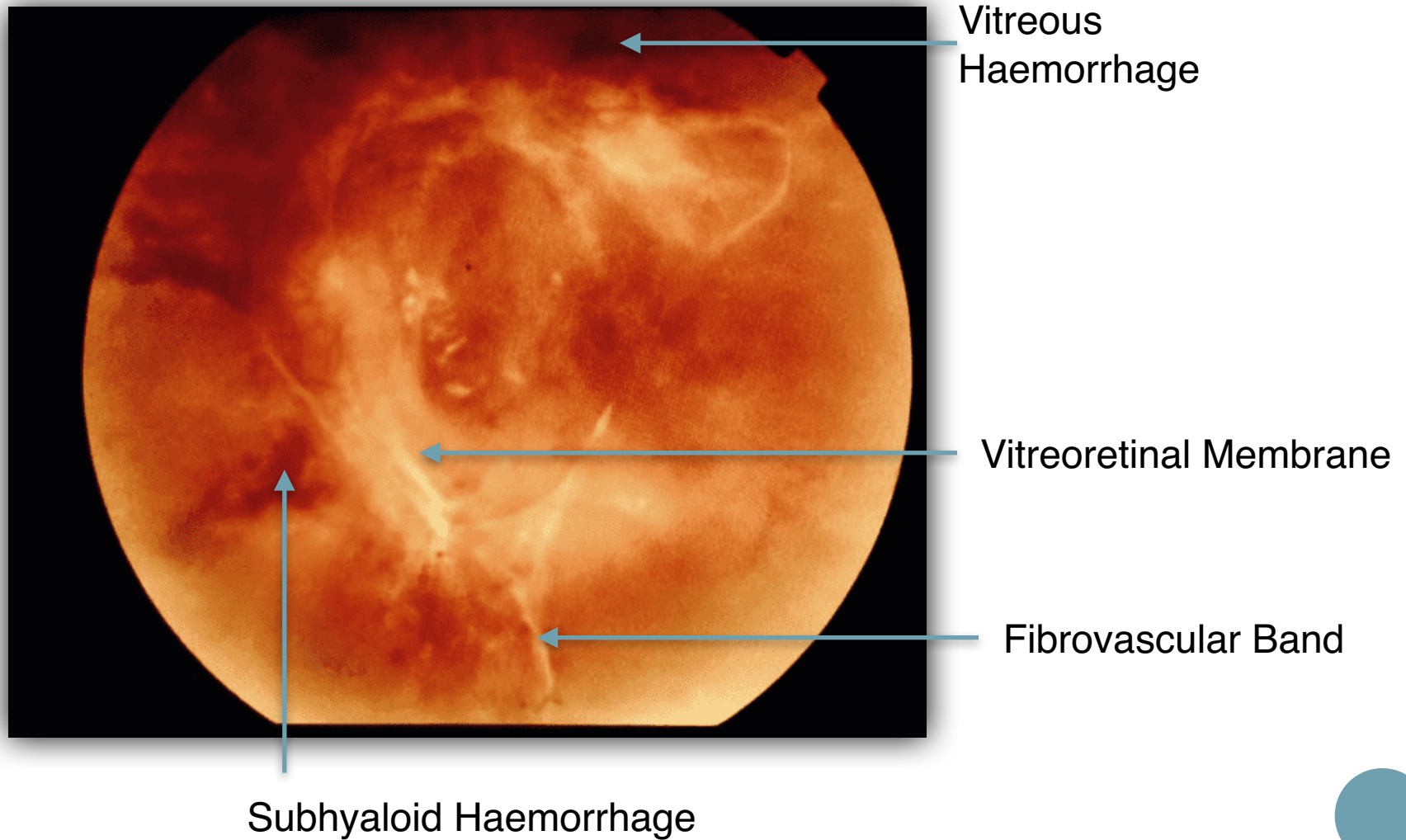
Macular Oedma

Retinal Hemorrhage

Multiple Hard Exudates

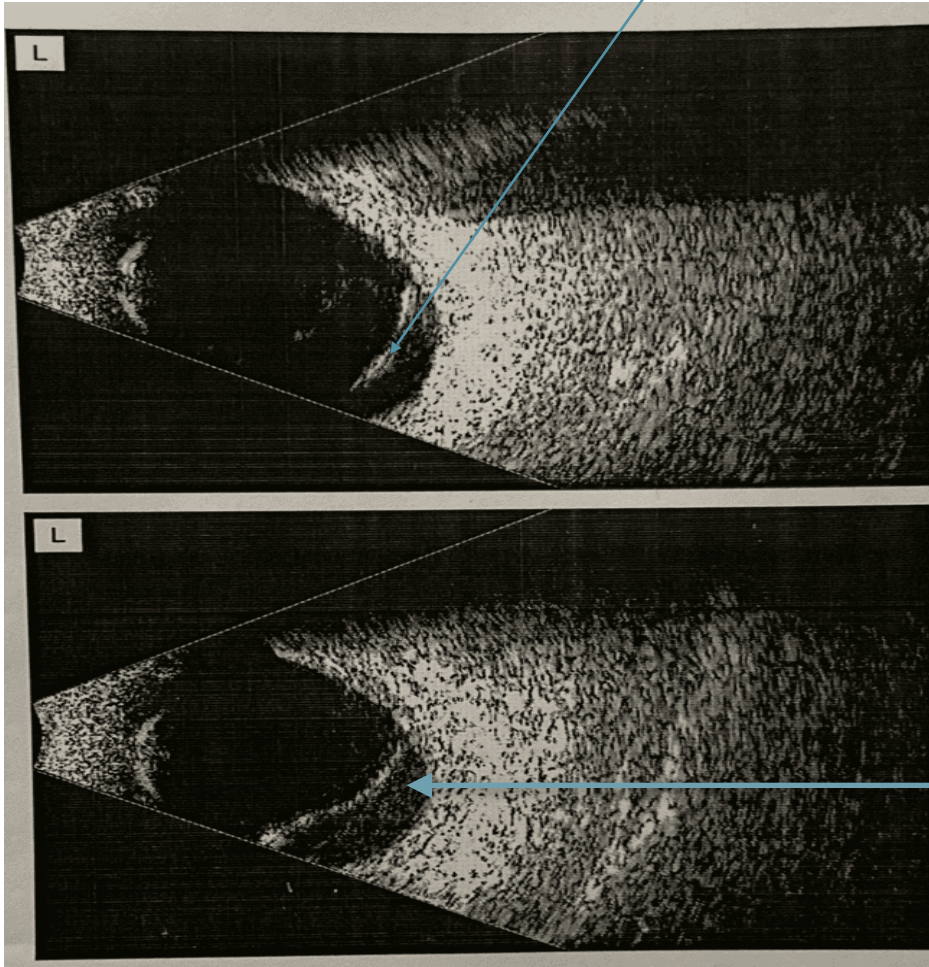


FUNDUS EXAMINATION (LEFT EYE)



ULTRASOUND B SCAN

Retinal Detachment



Left Eye B Scan Reveals

1. Retinal Detachment
2. Multiple echogenic opacities present in the Vitreous Cavity suggestive of **Vitreous Haemorrhage**

Sub Hyaloid Haemorrhage



DIAGNOSIS

**RE : Moderate Non-Proliferative Diabetic Retinopathy
with Clinically Significant Macular Oedema.**

**LE : Tractional Retinal Detachment involving the Macula
with Vitreous Haemorrhage.**



PATIENT CARE & MANAGEMENT



Systemic Management

As per the advice of treating Physician

Control of :

- Diabetes Mellitus.



Ocular Management

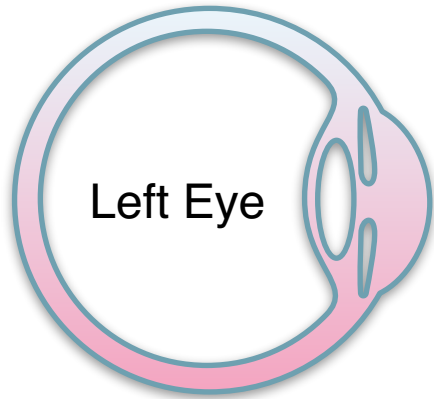
As per the Vitreoretinal Surgeon

Depends upon the following factors :

- Systemic Comorbidity status of the patient.
- Possible Visual Outcome.
- Duration & Location of Tractional Retinal Detachment



PLAN OF MANAGEMENT



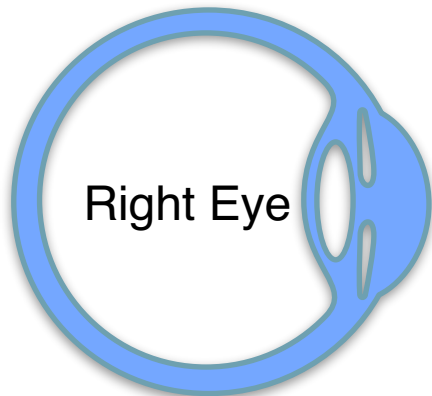
- Pars Plana Vitrectomy

- Release of Traction Bands

- Epiretinal Membrane Peeling

- Endo Laser Photocoagulation

- Silicon Oil Injection



- [RE] Scatter Laser Treatment (Panretinal Photocoagulation)



Haemoglobin : 13.5 gm/dl

TLC : 5000 / mm³

Platelet Count : 76000/mm

RBC Count : 4.36

ESR : 9

CRP : Negative

HbA1C : 5

BSL = 105 (F), 120 (PP1), 133 (PP2)

HIV/ HbsAg / HCV : Negative

COVID 19 Test : Negative

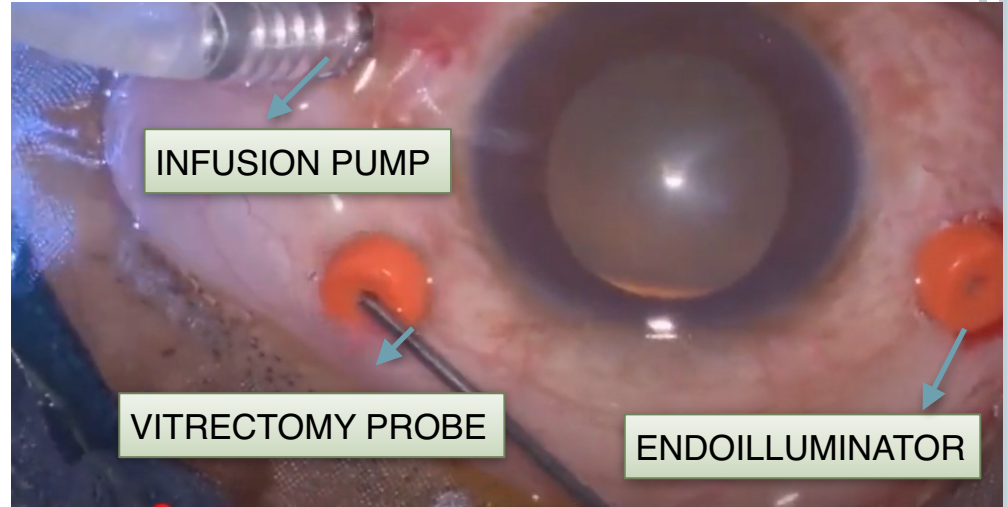
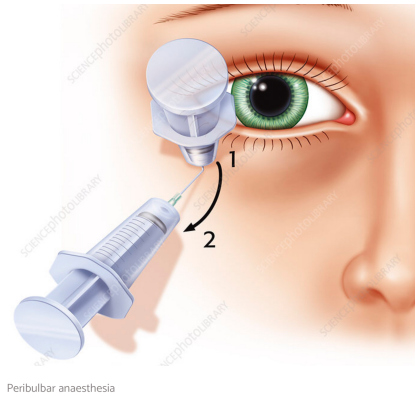
PT/INR : 12.5/1.06

LFT/RFT/FLP : WNL

INVESTIGATIONS

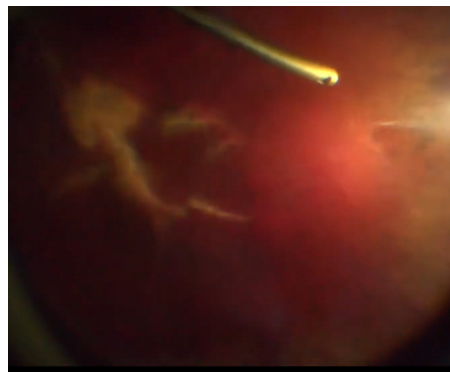


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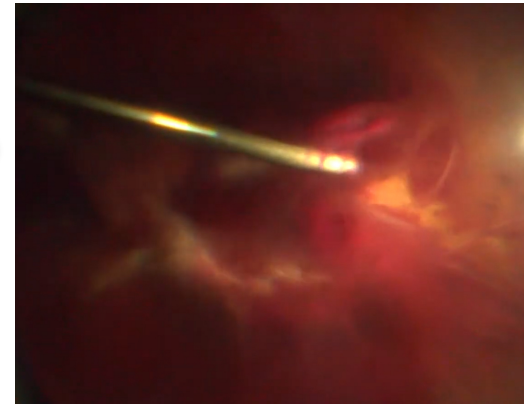




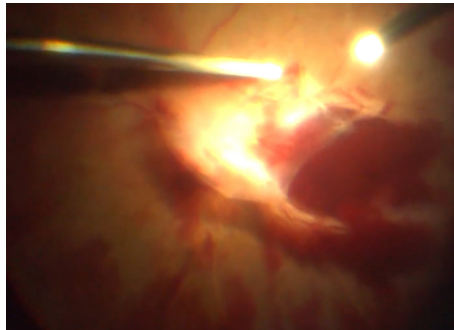
Core Vitrectomy
Performed



Posterior Hyaloid
Rhexis



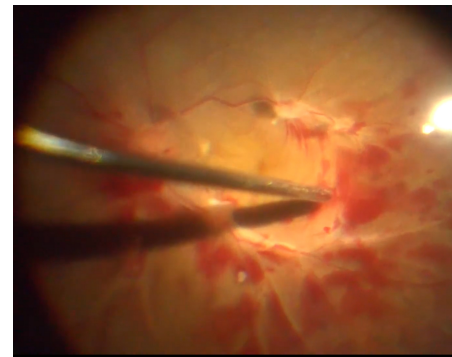
Draining the old
Sub Hyaloid
Haemorrhage
(**Sub
Hyaloidotomy**)



Release of Traction
Bands

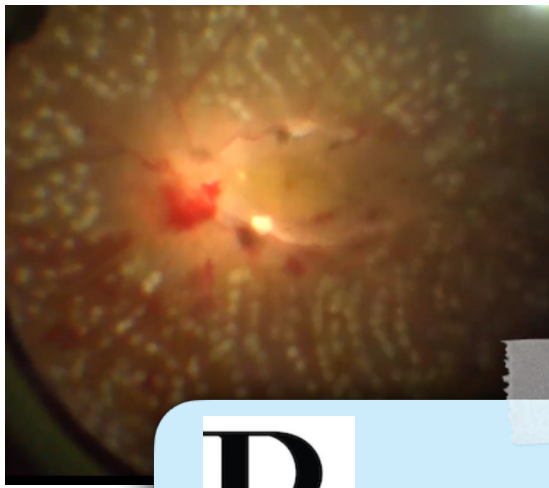


Epiretinal
membrane
Peeling



Hemostasis achieved





Endoph



Fluid Air
Exchange
Established



Silicon Oil
Inj. given

R_x

*E/D Prednisone 1 % 1 hourly tapered
accordingly*

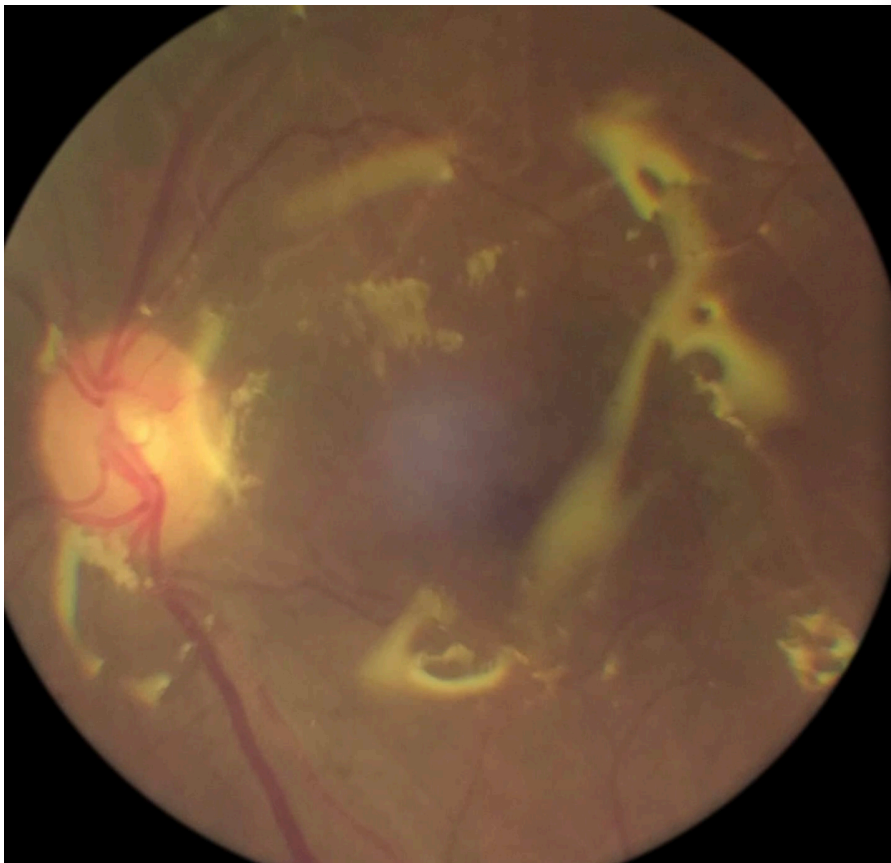
*E/D Moxifloxacin 0.5 % (preservative free) 4
times x 2 weeks*

E/D Nepafenac 0.1 % 3 times x continue

E/D Brimonidine 0.2 % 2 times

*Head Posture Advised : Prone Position
Weekly evaluation of IOP*

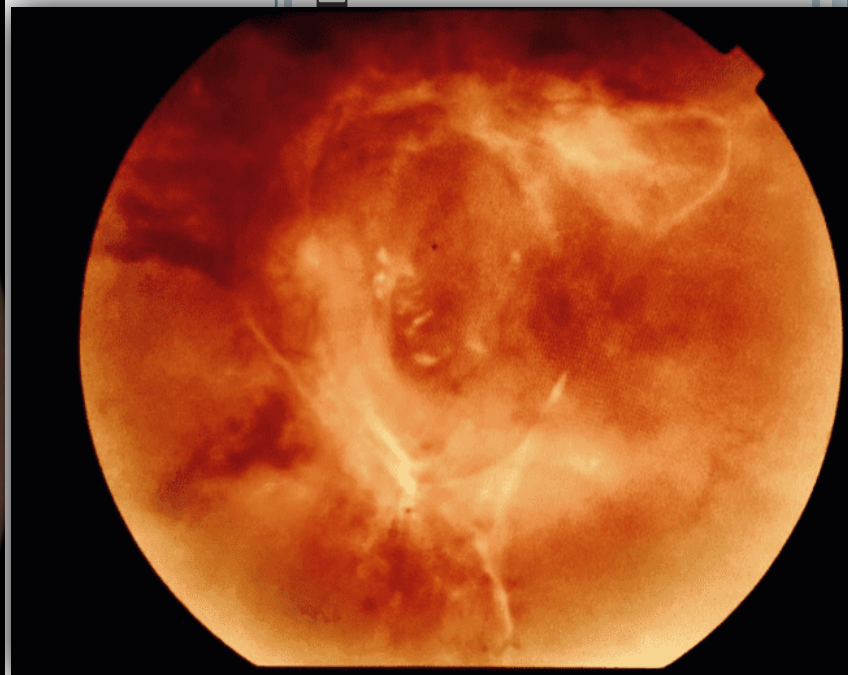




S/P (LE) Pars Plana Vitrectomy + Epiretinal Membrane Peeling + Silicon Oil Inj. under LA (after one month)

After One Week LE Vision = 6/60p —> NI

After One Month LE Vision = 6/24p —> NI



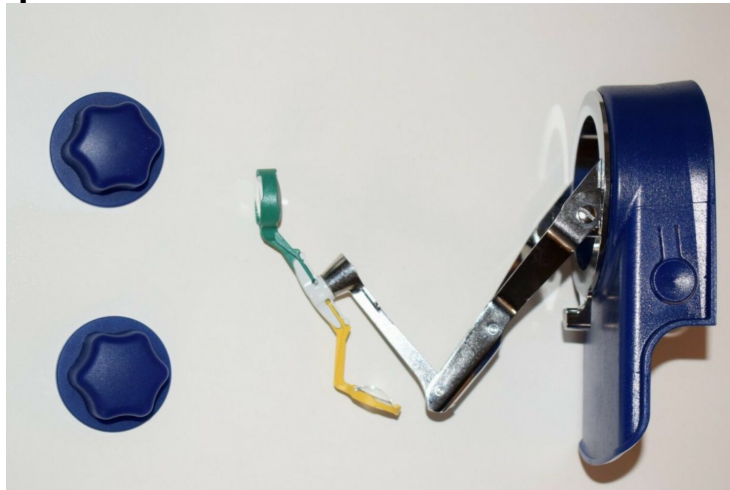
GRAPH (AFTER 1 MONTH)



EQUIPMENTS USED FOR VITRECTOMY



**1. Zeiss opmi 180
VR microscope
with
Assistoscope**



- 1. 132 D Fundus
View Lens (Zeiss
Resight)**
- 2. Image Reinverter
(SDI)**

THANK YOU

