

SUPRA-CHOROIDAL (EXPULSIVE HGS)

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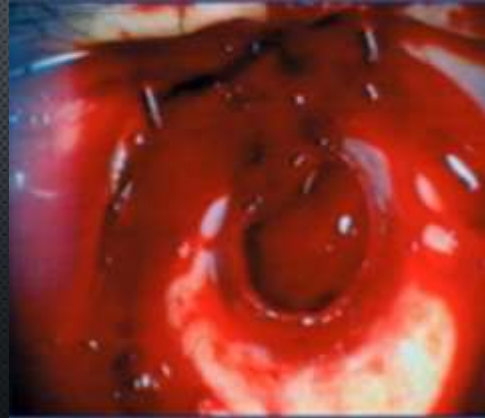
- ONE OF THE NIGHT MARES IN CATARACT SURGERY.
- ORIGINALLY DESCRIBED BY WENZEL 1786



SUPRA-CHOROIDAL (EXPULSIVE HGS)

- **SYSTEMIC PREDISPOSITION:**

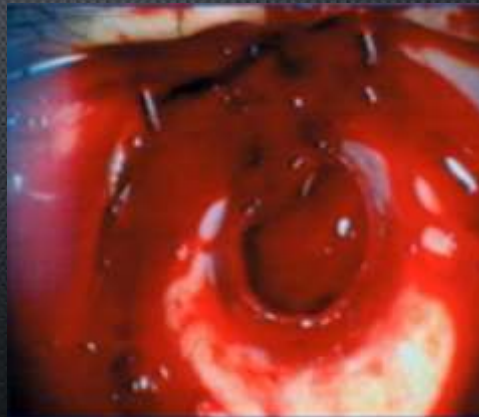
- ◆ OLDER AGE
- ◆ ATHEROSCLEROTIC
- ◆ HYPERTENSIVE
- ◆ SHORT STATURE
- ◆ DIABETES
- ◆ POLYCYTHEMIA
- ◆ ANTICOAGULANTS
- ◆ INTRA-OPERATIVE TACHYCARDIA



SUPRA-CHOROIDAL (EXPULSIVE HGS)

- **LOCAL PREDISPOSITION:**

- ◆ GLAUCOMA
- ◆ MYOPIA
- ◆ CHOROIDITIS
- ◆ VITREOUS LOSS
- ◆ SUDDEN DROP OF IOP
- ◆ HISTORY OF EXPULSIVE IN THE OTHER EYE.



SUPRA-CHOROIDAL (EXPULSIVE HGS)

- **INTRA-OPERATIVE SIGNS:**

- ◆ SUDDEN FIRMNESS OF THE GLOBE.
- ◆ LOSS OF RED REFLEX
- ◆ SHALLOW AC
- ◆ IRIS PROLAPSE
- ◆ WOUND GAPPING
- ◆ FORWARD DISPLACEMENT OF INTRA-OCULAR CONTENT.



SUPRA-CHOROIDAL (EXPULSIVE HGS)

- **INTRA-OPERATIVE SIGNS:**

- ◆ ENLARGING MASS IN THE FUNDUS
- ◆ PATIENT FEELS PAIN DT STRETCHING OF CILIARY NERVES
- ◆ MAY OCCUR INTRA-OPERATIVE OR POST-OPERATIVE
- ◆ 1/3 OF THE CASES OCCURE 3-6 HS POST-OPERATIVE



INCIDENCE

- **MORRIS 1992:** 0.04% IN CATARACT SURGERY, 0.4 % IN PKP
- **ERICKSSON 1999:** 0.13 IN ECCE VERSUS 0.03 IN PHACOEMULSIFICATION.

CLASSIFICATION

- **CLASS I:** SUPRA-CHOROIDAL HGS WITH NO OPPOSITION
- **CLASS II:** SUPRA-CHOROIDAL HGS WITH CENTRAL OPPOSITION
- **CLASS III:** SUPRA-CHOROIDAL HGS WITH CENTRAL OPPOSITION AND VITREOUS INCARCERATION IN THE WOUND.
- **CLASS IV:** SUPRA-CHOROIDAL HGS WITH CENTRAL OPPOSITION AND RETINAL INCARCERATION IN THE WOUND.

Q1

- WHAT TO DO IF YOU ARE GOING TO FACE THIS SITUATION ????

Q2

- WHAT TO DO LATER ????

- FEMALE PATIENT 65 YEARS OLD
- HIGH MYOPE
- HISTORY OF Rt ECCE IOL 1 WEEK AGO
- WOUND GAPPING AFTER STRAINING AND RE-SUTURING 2 DAYS POST OPERATIVE BY HER CATARACT SURGEON

- VA PL
- AC SHALLOW
- IOP 35 MMHG ON DORZOLAMIDE TIMOLOL COMBINATION AND BRIMONIDINE TWICE DAILY.
- GRAYISH REFLEX AT THE PUPIL

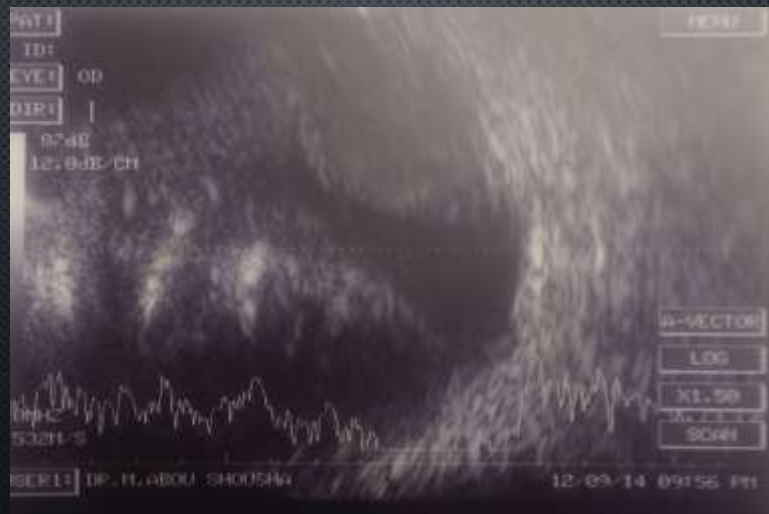
US



MEDICAL TREATMENT

- FULL DOSE TOPICAL AND SYSTEMIC STEROIDS
- ATROPINIZATION
- FULL TENSION LOWERING MEASURES
- FOLLOW UP AS REGARD THE VA, IOP, AND US

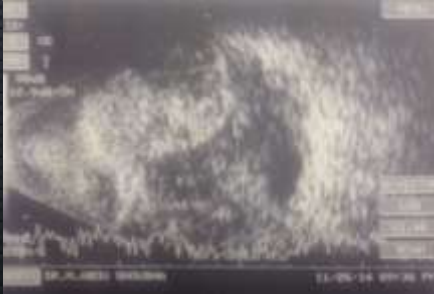
US AFTER 10 DAYS



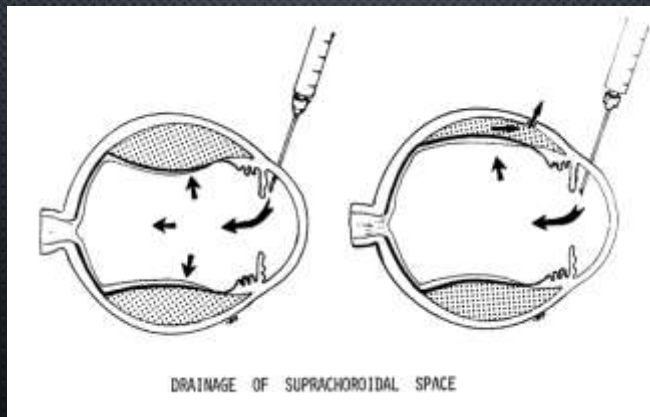
US AFTER 10 DAYS



TIMING FOR EVACUATION OF THE SUPRACHOROIDAL
HEMORRHAGE. 10-14 DAYS POST HEMORRHAGE GUIDED
BY US

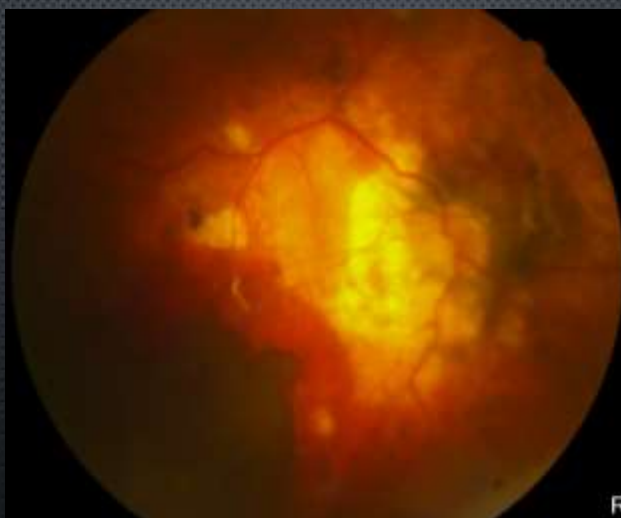


DRAINAGE OF THE SUPRACHOROIDAL
SPACE

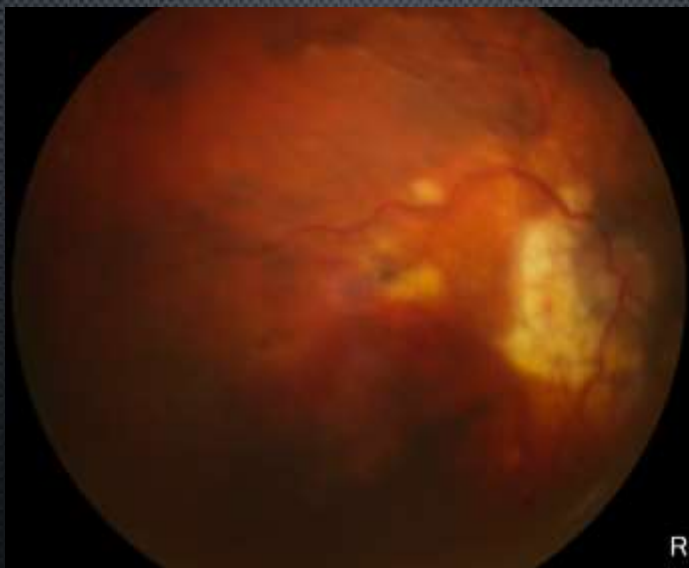




ONE WEEK POST-OPERATIVE VA 1/60



ONE MONTH POST-OPERATIVE, VA
2/60



Q3

- ARE YOU GOING TO OPERATE YOURSELF FOR THE OTHER EYE ????

Q4

- WHAT YOU ARE GOING TO DO DIFFERENTLY IF YOU ARE GOING TO OPERATE FOR THE OTHER EYE ????

PROGNOSIS

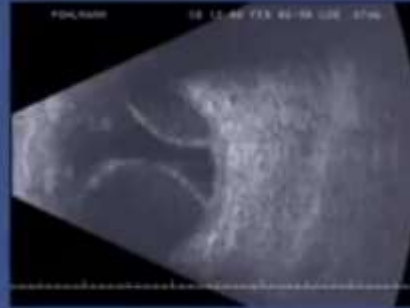
Prognosis

- Scott (1997) reported 15 of 51 patients (29.4%) with appositional suprachoroidal hemorrhage recovered vision to their pre-hemorrhage level or to 20/200.
- However, 14 patients were NLP

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Serous Choroidal Detachment

- Etiology
 - Hypotony following surgery
 - Wound leak
 - Cyclodialysis cleft

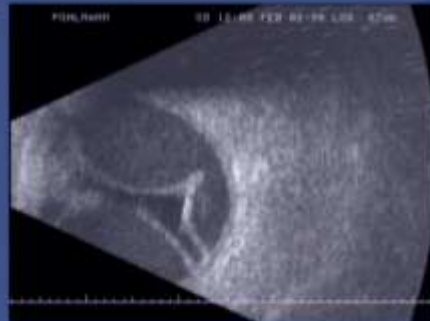


Need to differentiate between serous and hemorrhagic choroidals

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Serous Choroidal Detachment

- Usually observed in dependent inferior quadrants
- Most spontaneously resolve in 2 to 3 weeks
- Treated with topical steroids and cycloplegics



- THANK U