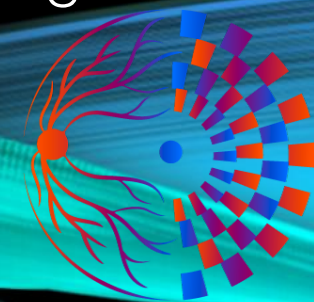


PERFORMANCE OF SCLERAL INTROFLECTION WITH SUBRETINAL FLUID DRAINAGE AND CRYOTHERAPY FOR RETINAL DETACHMENT USING CHANDELIER-ASSISTED ILLUMINATION

Daniel Prado Beraldo, Rodrigo Brant, Daniel Louzada, Elder Ohara,
Guilherme Kamano, Roberto Brassaloti Filho, Pedro Henrique Fragoso Alves



48th BRAVS Meeting

RETINA
2024

CONNECTING SCIENCE
TO REAL WORLD

ABSTRACT

This case report presents the utilization of chandelier-assisted illumination during scleral introflexion for the treatment of retinal detachment. The report delves into the specific application of this technique, focusing on its effectiveness in enhancing surgical precision and outcomes. Through the detailed description of a specific case, the report highlights the successful implementation of chandelier-assisted illumination in facilitating scleral introflexion and ultimately achieving favorable results in managing retinal detachment.

MATERIALS AND METHODS

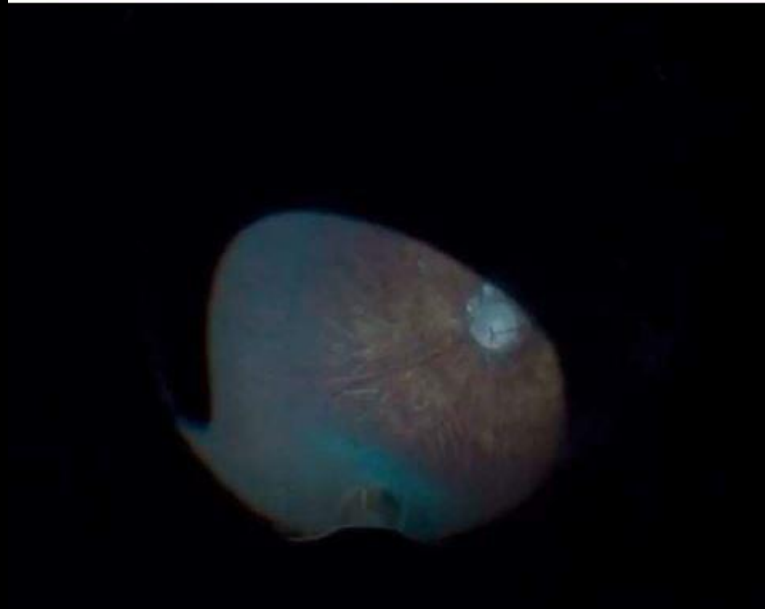
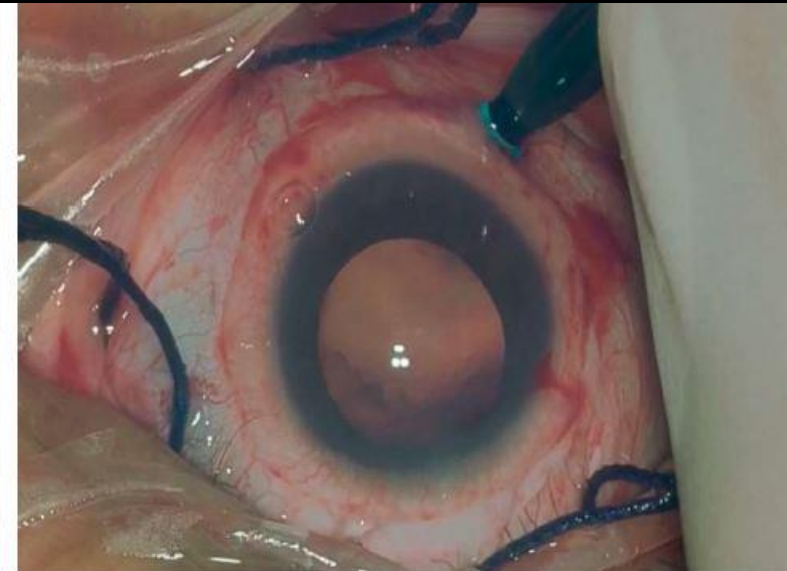
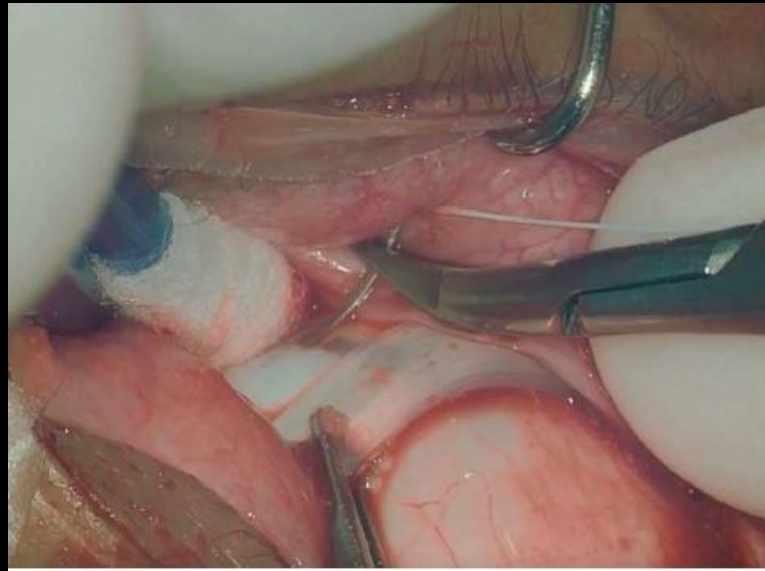
Patient male, hailing from São Paulo/SP, presented to the emergency department with complaints of decreased vision in the right eye for approximately 4 days. He denied any trauma and reported a high degree of myopia in both eyes. No other comorbidities were reported.

On examination, visual acuity was 20/400 in the right eye and 20/25 in the left eye (with correction). Biomicroscopy revealed clear conjunctiva, transparent cornea, formed anterior chamber without reaction, phakic in the right eye, and no abnormalities in the left eye. Intraocular pressure was 6 mmHg in the right eye and 14 mmHg in the left eye.

Fundoscopy of the right eye showed clear vitreous, pink optic nerve with physiological excavation, peripapillary atrophy, rhegmatogenous retinal detachment with horseshoe tear in the superior nasal region, macula off. The left eye showed characteristics of myopic fundus.

RESULTS

- Scleral introflection with subretinal fluid drainage and cryotherapy in the area of the tear was indicated, utilizing chandelier illumination to improve surgical field visibility. Currently, the retina remains attached in the right eye, and visual acuity with correction is 20/30.
- Through the detailed description of a specific case, the report highlights the successful implementation of chandelier-assisted illumination in facilitating scleral introflection and ultimately achieving favorable results in managing retinal detachment. The surgery was successful, and the retina reattached.



CONCLUSION

- The use of chandelier illumination demonstrated a greater surgical field advantage, facilitating the performance of cryotherapy on the tear and consequently leading to a better outcome for scleral introflexion surgery.