



Scleral Buckling: A Case Report.

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PURPOSE

Describe a case of regmetogenic retinal detachment treated with scleral buckling.

INTRODUCTION

The main objective in the face of rhegmatogenous retinal detachment is the creation of a lasting chorioretinal adhesion and the treatment of retinal tears. The two main techniques used are scleral buckling and pars plano vitrectomy.

Scleral buckling is indicated mainly in cases of phakic patients with single or multiple close ruptures, sealing the rupture through an explant and thus, generating the identification of the Pigmentary Epithelium towards the retina, attending to the vitreoretinal attraction. Cryopexy is usually used to ensure good long-lasting chorioretinal adhesion.

METHODS

Medical records review

RESULTS

Female patient, 17 years old, phakic, being followed up at the postoperative outpatient clinic for a posterior vitrectomy in the left eye due to a history of rhegmatogenous retinal detachment, evolving with retinal detachment in the contralateral eye after 3 months of surgery. The funduscopy examination showed inferior infiltrated retina, macula on with inferior rupture.

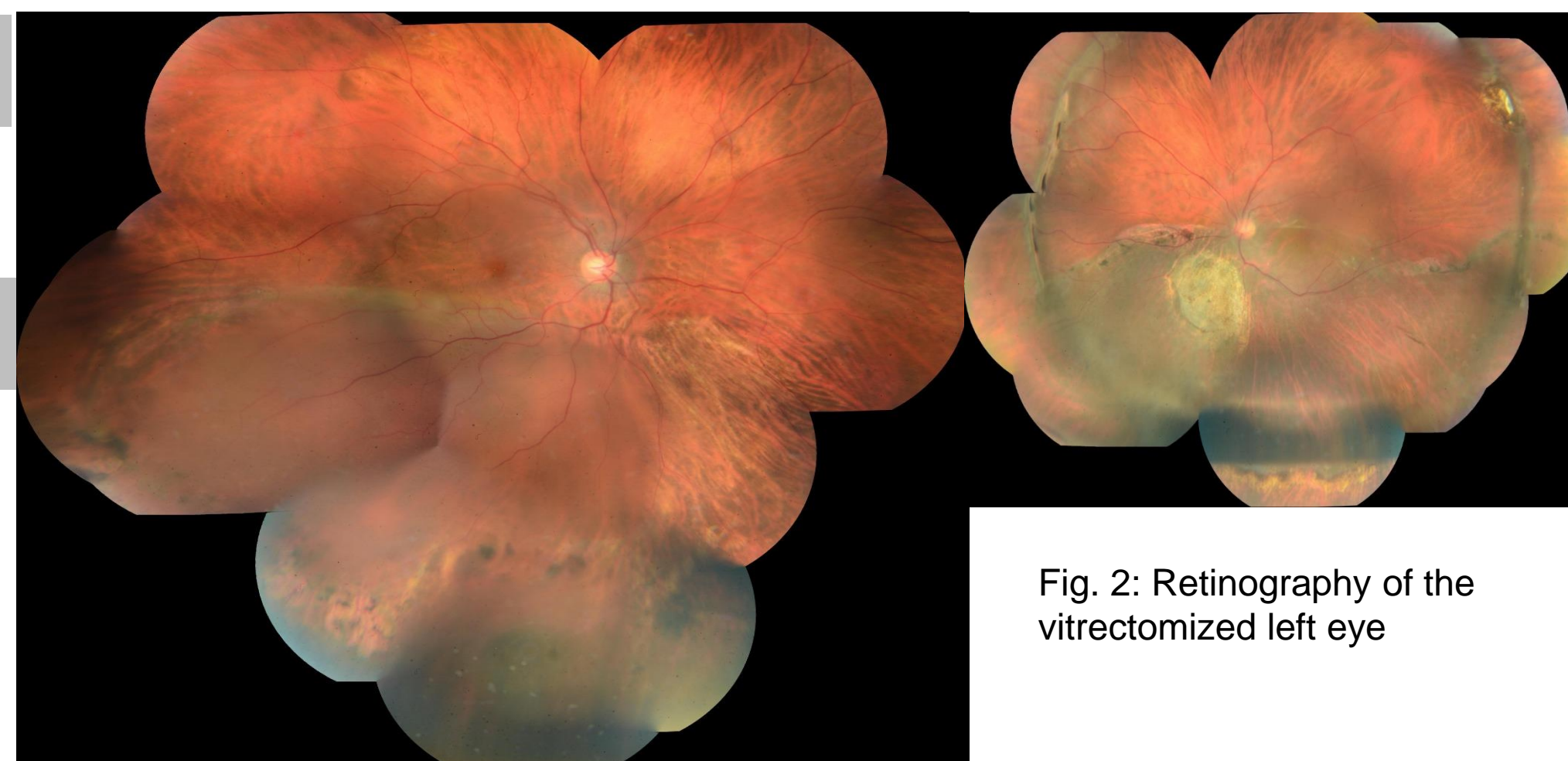


Fig. 1: Retinography of the right eye before surgery

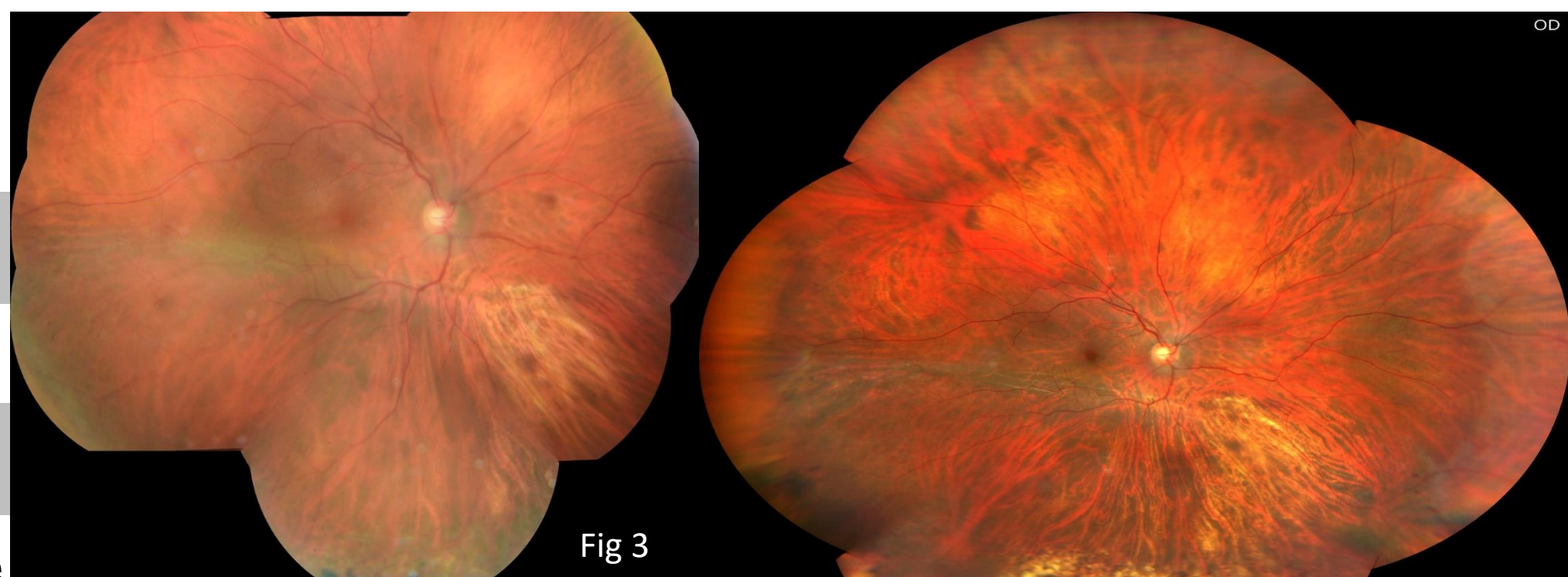


Fig. 3 and 4: Retinography of the right eye on the 7th postoperative day and 6 months after surgery.

Fig 5: Optical Coherence Tomography of the late right eye

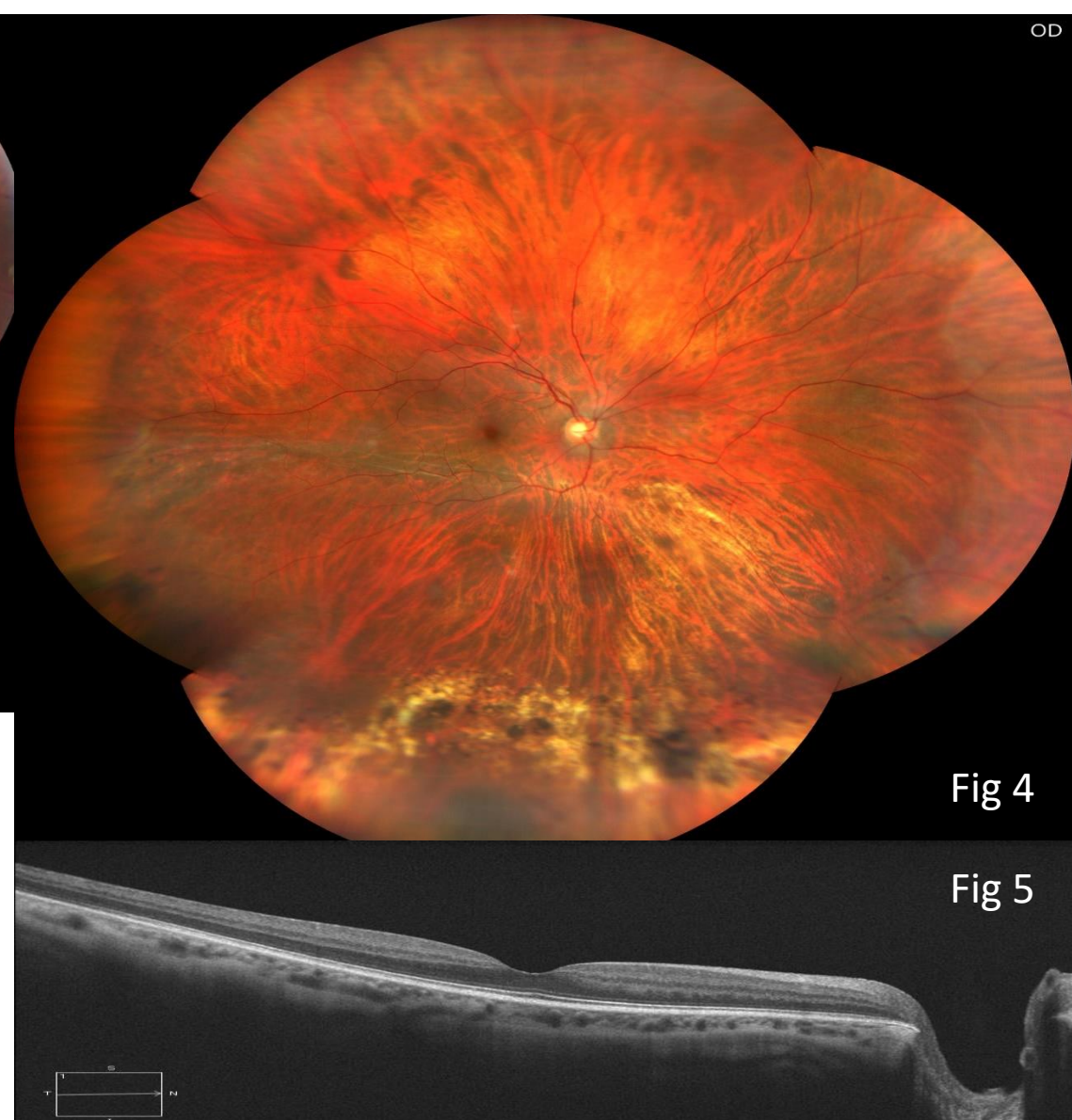


Fig. 2: Retinography of the vitrectomized left eye

The best corrected visual acuity in the right eye was 20/40 and the left eye counts fingers at 50 centimeters. Scleral buckling surgery and intraoperative cryopexy were urgently performed in the right eye and later laser photocoagulation was performed in the region of rupture. The patient evolved with retina attached on the 7th postoperative day and refraction in the right eye $-4.50 - 1.50 160^\circ$ (20/20) and in the left eye $+6.25 - 2.25 10^\circ$ (20/400), maintaining a good evolution throughout the follow-up.

DISCUSSION

The clinical and anatomical results of scleral buckling proved to be very satisfactory, and in some cases, reproducing even better results than vitrectomy. However, the lack of confidence in indirect ophthalmoscopy and the challenges in teaching this technique have contributed to limit its transmission among young ophthalmologists.

When used properly, it is considered a simple and highly effective technique, with better results than vitrectomy with reduced comorbidity.

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