Right carotid-cavernous fistula (CCF)

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ABSTRACT

Objective: To report a case of successfully treated indirect carotid-cavernous fistula. Method: a Case report. Results: A forty-nine years old gentleman with underlying hypertension and dyslipidaemia complained of the right eye (RE) persistent, painless redness for 3 months duration. RE redness was associated with a blurring of vision, throbbing headache and tearing. Otherwise, no history of head injury or trauma prior to illness. On examination, RE best-corrected vision acuity was 6/18 and left eye was 6/9. The relative afferent pupillary defect was negative. Both eyes extraocular movements were full. RE examination noted to have proptosis, dilated and tortuous episcleral vessels with corkscrew vessels. RE fundus showed a hyperaemic disc with mild dilated and tortuous vessels. RE Intraocular pressure was normal. Left eye examination was unremarkable. Computed Tomography Angiogram and Digital subtraction angiography cerebral showed right indirect carotid-cavernous fistula. The patient subsequently underwent embolization of right indirect carotid-cavernous fistula by an interventional radiologist. The RE redness and proptosis has fully recovered with normal fundus and good vision. Conclusion: Patient with indirect CCF generally has an excellent outcome with prompt diagnosis and radiological intervention.

Study of early changes in intraocular pressure following phacoemulsification

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ABSTRACT

Objective: To evaluate early postoperative changes in intraocular pressure (IOP) following phacoemulsification and intraocular lens (IOL) implantation. Method: This retrospective and observational study included 100 patients with normal IOP underwent uneventful standard phacoemulsification procedure for senile cataracts at Sarawak General Hospital over a period of six months from July 2017 to December 2017. Patient's data were retrieved from Eye Clinic records. All patients were checked for IOP with Goldmann tonometry during pre-operative assessment and one month postoperatively. Patients with pre-existing IOP related ocular disease or intraocular surgery were excluded. Effects of age, gender, comorbidity of diabetes mellitus and hypertension, eye laterality, ocular axial length and pre-operative IOP on post-operative IOP reduction were analysed. Results: Phacoemulsification was found to reduce IOP by mean of 1.07 mmHg, which was statistically significant (P < 0.001). A larger IOP reduction was seen in cases with a higher pre-operative IOP (P < 0.001). No statistically significant differences were identified in age, gender, comorbidity of diabetes mellitus or hypertension, eye laterality, and ocular axial length in correlation with postoperative IOP reduction (P > 0.05). Conclusion: Phacoemulsification had a significant IOP-lowering effect in normal subjects, in particular in higher pre-operative IOP. There was no correlation between age, gender, comorbidity of diabetes mellitus or hypertension, eye laterality, and ocular axial length to IOP reduction following phacoemulsification.

KEY WORDS:

Intraocular pressure, phacoemulsification, cataract

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