

Management challenges in bilateral chronic rhegmatogenous retinal detachment in a young lady with bilateral steroid-induced cataract

Shauqi Norizan¹, Muhammad Arif Ozir¹, Fathin Maisarah Jamaludin², Mohammad Hudzaifah Nordin¹, Syaratul Emma Hashim¹

¹Department of Ophthalmology, Hospital Sultan Zainal Abidin, Kuala Nerus, Terengganu, Malaysia, ²Department of Ophthalmology, Hospital Sultanah Nur Zahirah, Terengganu, Malaysia

ABSTRACT

Bilateral retinal detachment presents significant challenges, especially when compounded by steroid-induced cataracts that obscure the retina. We discuss the complexities of managing a case of bilateral chronic rhegmatogenous retinal detachment (RRD) in a student with steroid-induced cataracts. A 22-year-old student presented with right eye (RE) blurry of vision for one year. Upon examination, best corrected visual acuity was HM for RE, 6/7.5 for left eye (LE). RE Anterior segment (AC) examination revealed iris pigment cells 4+, posterior synechiae (PS) from 3-4 and 9-10 o'clock. The LE only demonstrated cells 1+ in the AC. Bilateral lens were cataractous with iris pigment deposits on the anterior capsule. Dilated fundus examination revealed RE poor view. LE demonstrated vitreous haze, tobacco dust, and a macula-on RRD from 12-4 o'clock with a giant horseshoe tear at 2 o'clock extending anteriorly. A phacoemulsification, plana vitrectomy, silicone oil and endolaser was performed. Among the challenges being addressed were preoperatively, patient had neglected the symptoms, due to poor vision secondary to preexisting cataract, resulted in delay treatment. Intraoperatively, phaco-vitrectomy in which cataract is removed first is required due to poor view. This had significantly lengthened the operative time. Postoperatively, it is challenging to establish patient compliance to medications due to poor insight.