PERIOCULAR HEMATOMA SECONDARY TO SUBPERIOSTEAL INJURY BY A SHORT NEEDLE
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Introduction: Peribulbar anesthesia with short needle is minimally invasive approach for intraocular surgery, associated with less blocks related complications.

CASE REPORT: 55 years old woman scheduled for phacoemulsification with posterior chamber intraocular lens implantation, under local anesthesia. She was taking Aspirin, NSAID, besides diabetes and hypertensive medications. 16 mm length 25 G needle used for peibulba block via infero temporal approach. Ten ml mixture of Lidocaine 2%, Bupivicaine 0.5% in a 2:3 volume ratio with Hyaluronidase 5 IU/ml was used for block. Patient felt intense pain in eye after 5 minutes. Globe was proptotic with tension in the upper and lower eyelids. Emergency lateral canthotomy was performed. Subconjunctival hematoma was drained. CT scan orbit showed left periorbital soft tissue swelling with abnormal extraconal density in close proximity to left lateral rectus muscle. Initial density was 18 to 40 Hounsfield units with length 2.9 cm and width 0.6 cm. It was organised subperiostal hematoma.

DISCUSSION: Hematoma was developed by short needle that violated the orbital peristium. Blood have dissected subperiostal space coming from inferolateral subgaleal space. Coronal, Axial CT of orbits showed extraconal density in close proximity to left lateral rectus muscle, suggesting organised subperiostal hematoma. Patient developed increased orbital pressure with pain, proptosis, ecchymosis, bloody conjunctival chomosis, and increased intraocular pressure. We performed an emergency lateral canthotomy to decompress intraocular chamber, otherwise, irreversible visual loss could have been caused, the patient's eye and vision was saved by prompt surgical intervention. Visual acuity was found similar to the one before the complication on follow up visits.