SEGMENTAL SCLERAL BUCKLING FOR RHEGMA TOGENOUS RETINAL DETACHMENT
AFTER CATARACT SURGERY WITH MULTIFOCAL IOL IMPLANTATION: A CASE
REPORT
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Purpose: We report a case of rhegmatogenous retinal detachment (RRD) after cataract surgery with multifocal intraocular lens (M-IOL) implantation. We performed segmental scleral buckling (SB) in this case.

Method: Case report

Result: A 56-year-old woman was referred to the emergency unit at Yamagata University Hospital with visual field loss of the right eye. She had undergone cataract surgery with M-IOL implantation 3 months ago. Her best-corrected visual acuity (BCVA) was 20/50. Fundoscopic examination revealed RD involving the inferior 2 quadrants and a horseshoe retinal tear at the 6 o'clock position. We performed segmental SB with a silicon sponge (3 × 5 mm, oval) from the 5 to 7 o'clock positions and attached the retina. Her postoperative BCVA and distant/near uncorrected visual acuity recovered to 20/20, 20/25 and 20/25 after 14 months. A Hartmann–Shack wavefront analyzer showed that the postoperative corneal and ocular higher-order aberrations were 0.162 and 0.280 μm, respectively.

Conclusions: In contrast to vitrectomy, segmental SB for RD in M-IOL-implanted eye is a simple, fast and safe technique that decreases the risk of severe complications, such as proliferative vitreoretinopathy and M-IOL dislocation. In this case, distance/near visual acuity demonstrated good recovery with little changes in higher-order aberrations after segmental SB, which should always be considered as a technique of choice for the treatment of RRD.