A RARE CASE PRESENTATION OF SPONTANEOUS RE-ATTACHMENT OF TOTAL RETINAL DETACHMENT

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ABSTRACT

Spontaneous re-attachment of detached retina is a rare occurrence involving resorption of subretinal fluid, closure of breaks, release of vitreoretinal traction. Diffuse retinal pigmentary alterations within a sharply demarcated and convex margin are the most common findings in all the cases described in the literature. Here we describe a case of 23 year old male who had spontaneous resolution of total retinal detachment in left eye caused due to trauma. This case is peculiar as it doesn’t exhibit findings commonly described in literature.

KEYWORDS

Retina, Retinal Detachment, Spontaneous Re-Attachment of the Retina.


INTRODUCTION

Spontaneous re-attachment of retinal detachment (SRRD) is a rare phenomenon, initially described by Cantrill in 1981.[1] A few case series have been reported since then.[2-4] Only one case of spontaneous resolution of total retinal detachment has been published so far wherein the common findings are also not exhibited.[5] When the spontaneously resolved retinal detachment is unilateral, the differential diagnosis is made easily because unilateral retinitis pigmentosa is rare.[6]

CASE REPORT

A 23 years old male patient with history of penetrating ocular trauma in childhood to left eye followed by traumatic cataract extraction surgery presented with no perception of light. Clinical evaluation revealed Exudative of left eye of 30 degrees, an afferent pupillary defect in left eye, adherent leucoma in cornea of left eye at 5 o’clock position near to the limbus. Anterior Chamber was quiet. Posterior chamber intraocular lens was seen in the capsular bag. Anterior Vitreous showed no pigmentation. Fundus (Left eye) showed normal sized optic disc with well-defined margins, pink colour and CD ratio of 0.3, attenuated arterioles and clumps of hyperpigmentation in all quadrants up to the periphery and maculopathy, no breaks or holes were noticed after thorough ophthalmoscopical examination. The right eye was within normal limits in all aspects and no abnormalities were detected.

Visual Evoked Potential showed - Delayed latency of P100 with decreased amplitude in the left eye. The right eye VEP was within normal limits.

Because of absence of other signs of Retinitis Pigmentosa such as waxy pallor of the optic disc and bone spicule like pigmentation in mid-periphery, the past history of penetrating ocular trauma, absence of signs of inflammation and taking into account the VEP characteristics, a diagnosis of spontaneous re-attachment of total retinal detachment of left eye was made.

DISCUSSION

Retinal detachment is a disease that can cause blindness where the neurosensory layer of retina separates from the retinal pigment epithelium to which it is normally attached. A spontaneously settled retinal detachment shows pigmentary retinal degenerations and subretinal bands, usually associated with a very small break and excellent presumed “pumping” of the retinal pigment epithelium or closure of the break by scar tissue.[7-8]

In 1981, Cantrill[4] described cases of rhegmatogenous retinal detachments with spontaneous resolution. Cho et al.[4] in 2007 published a case series whose causative lesion was not found at the macula. In that study, retinal dystrophies and uveitis were excluded as the cause of the pigmentation due to the unilaterality and location of the lesions. In the 15 eyes reported by Ch et al. there were two specific characteristics: diffuse accumulation of pigment, retinal pigment epithelium atrophy, or both and a convex margin of the lesion. Only in one eye did the pigment accumulation encompass the entire fundus of the eye. A retinal break was not identified in any of the 15 cases.

The patient in this case had unilateral involvement with no signs of inflammation and no convex margin of the lesion, with pigmented clusters that extended till the periphery in all meridians as could be observed ophthalmoscopically, suggesting that the detachment was total which could also explain the lack of light perception in left eye.
CONCLUSION

In conclusion, a diagnosis of spontaneous resolution of retinal detachment must be kept in mind when confronted with an unilateral diffuse retinal pigmentary alterations even when no sharply demarcated convex margin or peripheral breaks are noted.

Fig. 1: P.s. Fig. 1 is picture of Left eye Anterior Segment

Fig. 2: Is picture of Right eye Fundus.

Fig. 3: Is picture of Left eye Fundus showing clumps of hyperpigmentation in all quadrants and maculopathy

REFERENCES