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NANOPHTHALMOS: BEYOND THE LENS

Oral

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Purpose:

To describe a case of bilateral choroidal effusion syndrome in a 60 yo man affected by nanophthalmos after YAG laser iridotomy and the initiation of a prostaglandin lowering pressure therapy.

Methods:

A 60 yo man was referred to the ophthalmology department of the Piero Palagi hospital for monolateral eye and head pain associated with blurred vision. A right pupillary block was diagnosed associated to bilateral nanophthalmos. The axial length was 16,03 mm in the RE and 15,87 mm in the LE, the anterior chamber depth was 1,32 mm in the RE and 1,28 mm in the LE. Bilateral iridotomies were performed, Bromfenac BID and travoprost in the evening, due to persistent high IOP, were prescribed. Cataract surgery was planned in order to avoid further pupillary blocs alongside with Pilocarpine TID.

Results:

The patient was re-evaluated periodically and within 10 days after the iridotomies he complained of bilateral blurred vision. The anterior segment showed a remarkable hyperemia without any inflammatory sign into the anterior chamber and a high grade of myosis due to the pilocarpine administration. Macular OCT, B-scan echography and UBM, revealed a bilateral serous inferior retinal detachment. Bilateral choroidal effusion syndrome was diagnosed. Cataract surgery was put on standby and systemic and topical steroids were prescribed. Travoprost was exchanged with Brinzolamide/timolol eyedrop BID and weekly examinations were planned. The serous detachment gradually resolved and steroid therapy was tapered.

Conclusions:

Inflammation and hypotony after iridotomies could be prone to promote choroidal effusion in eyes affected by nanophthalmos where, sometimes, could be spontaneous. Prostaglandin therapy can exacerbate the serous detachment because of an augmented venous permeability of the choroid. Topical and systemic therapy could be effective to restore the retinal omeostasy