Out of the Frying Pan, into the Fire- a case of Ghost Cell Glaucoma

Presenting author-
Dr Sera T Wangdi
Co-Author- Dr Nayana A Potdar
TNMC & BYL CH NAIR HOSPITAL

Ethical Aspects and Conflicts of Interest

- There are no ethical issues or conflicts of interest.
- The authors have no financial interests in the matter described below.

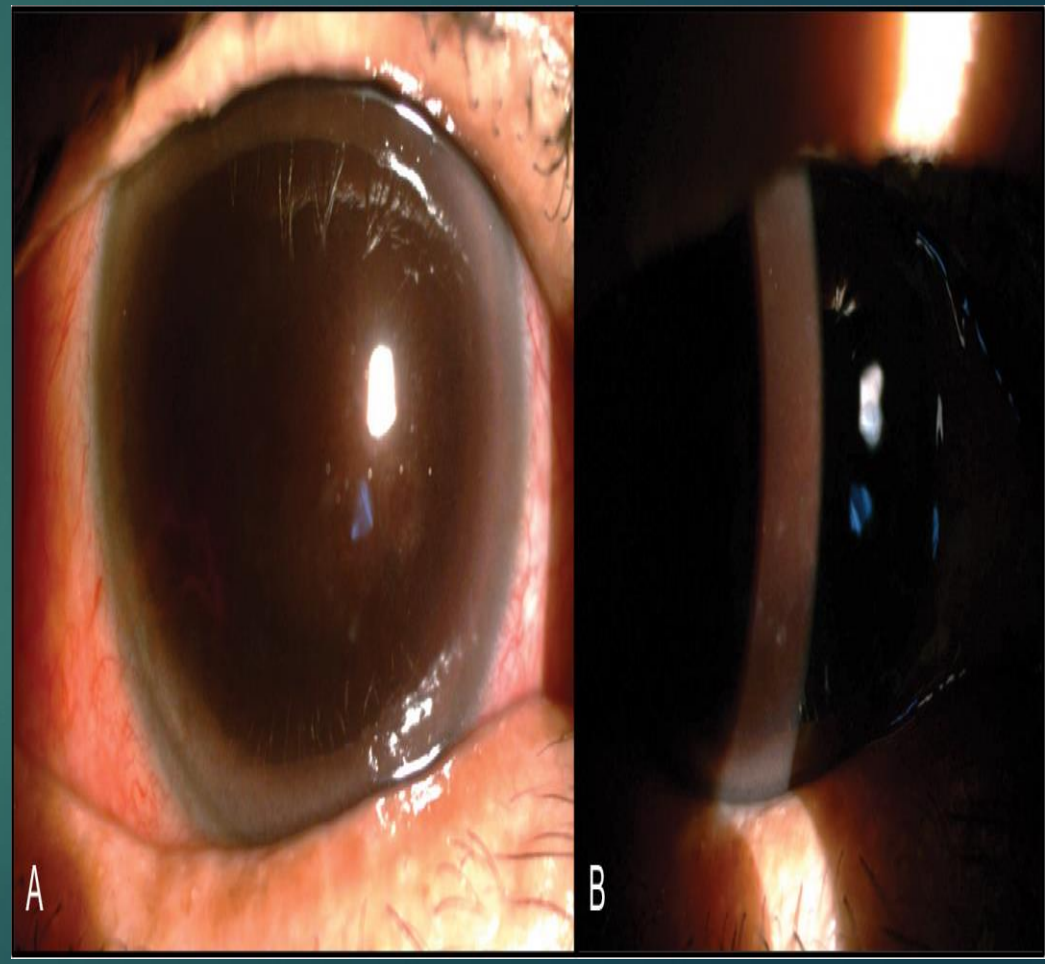
CASE PRESENTATION

- 45 year old male, referred to our hospital in view of raised intraocular pressure management.

- There was alleged history of trauma over the Right side of face involving the right eye leading to sudden diminution of vision, pain, the formation of a full chamber hyphaema.

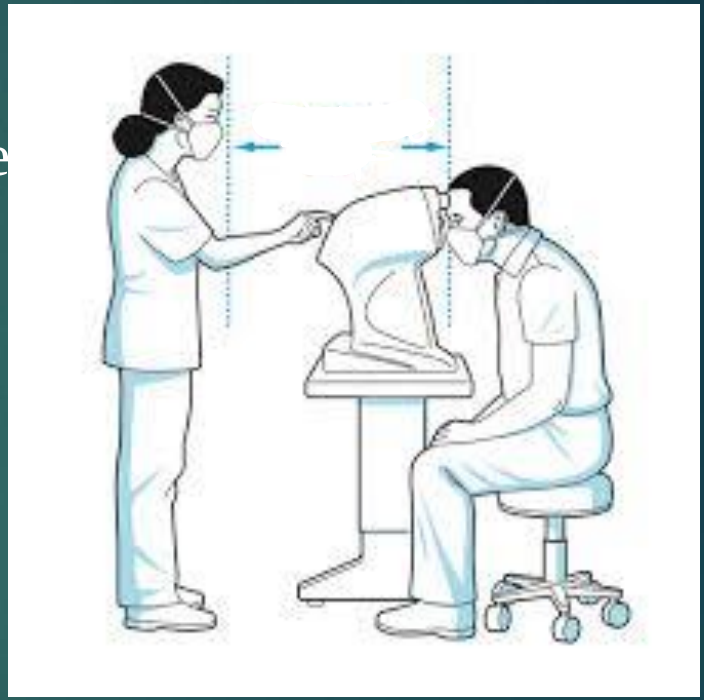
Day 10

- Provisional diagnosis- Right eye aniridia, full chamber hyphaema, ?dislocated lens along with vitreous haemorrhage.
- Pt was started on topical anti glaucoma medications and Tb prednisolone 30mg OD.



Day 10 Right eye B-scan

- Day 10 -B scan imaging- post traumatic incident was suggestive high myopia, vitreous echoes, subretinal shadows, suprachoroidal/ subretinal haemorrhages with vitreous traction superiorly and no evidence of retinal detachment.



Day 10- IOP recording

- Intraocular pressure recorded via NCT- non contact tonometer- was recorded as 23mm Hg for the right eye, and 17mm Hg for the left eye.

Day 15- vision

- Perception of hand movements, perception of light present, projection of rays inaccurate.

Day 15- IOP Recording

- Intraocular pressure recorded via NCT- non contact tonometer- was recorded as >25mm Hg for the right eye, and 18mm Hg for the left eye.

Day 15 B scan

- Lens shadow/ ?dislocated lens. No evidence of retinal detachment, vitreous hematoma with vitreous haemorrhage.

Day 18- IOP Recording

- Intraocular pressure recorded via NCT- non contact tonometer- was recorded as 62m Hg for the right eye, and 24mm Hg for the left eye.

Treatment modification

- Tablet Acetazolamide 250mg qid added to treatment along with intravenous mannitol.

Day 20

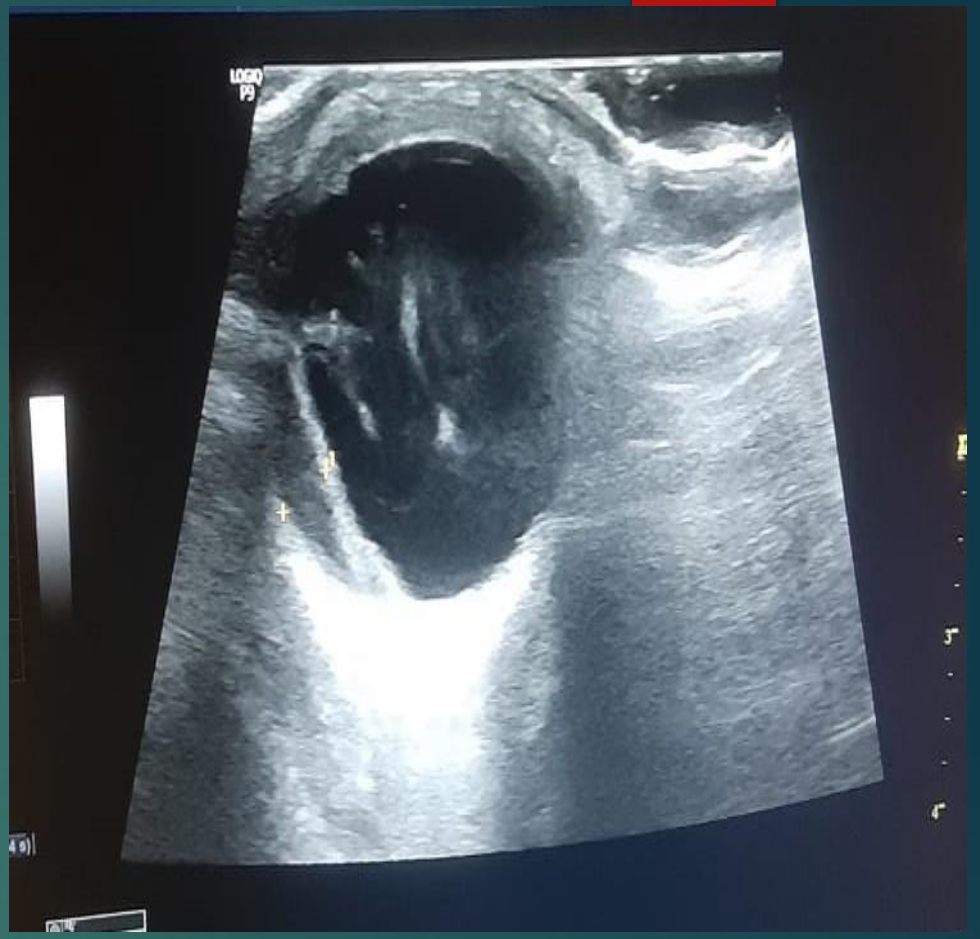
- Presenting picture in our OPD setting – Vision – perception of light present. Projection of rays inaccurate.
- Full chamber hyphaema with corneal edema
- On applanation tonometry right eye IOP recorded as 54 mmHg, left eye 22mm Hg. With right eye glaucoma secondary to trauma- ?Ghost cell glaucoma and left eye high myopia.

Treatment Modification

- Tablet Acetazolamide 250mg 5/D added to treatment along with intravenous mannitol, and oral glycerol 25 ml TDS along with Topical AGM agents.

B scan

- Hyperechoic membrane with hyperechogenicity behind it s/o subhyaloid haemorrhage.
- Temporally Hyperechoic membranes with no aftermovements with hyperechogenicity behind it s/o haemorrhagic CD single extending from ora till temporal equator
- Lens not visualised
- Hyperechoic membranes in vitreous cavity s/o vitreous haemorrhage admixed with cortical / lenticular matter.

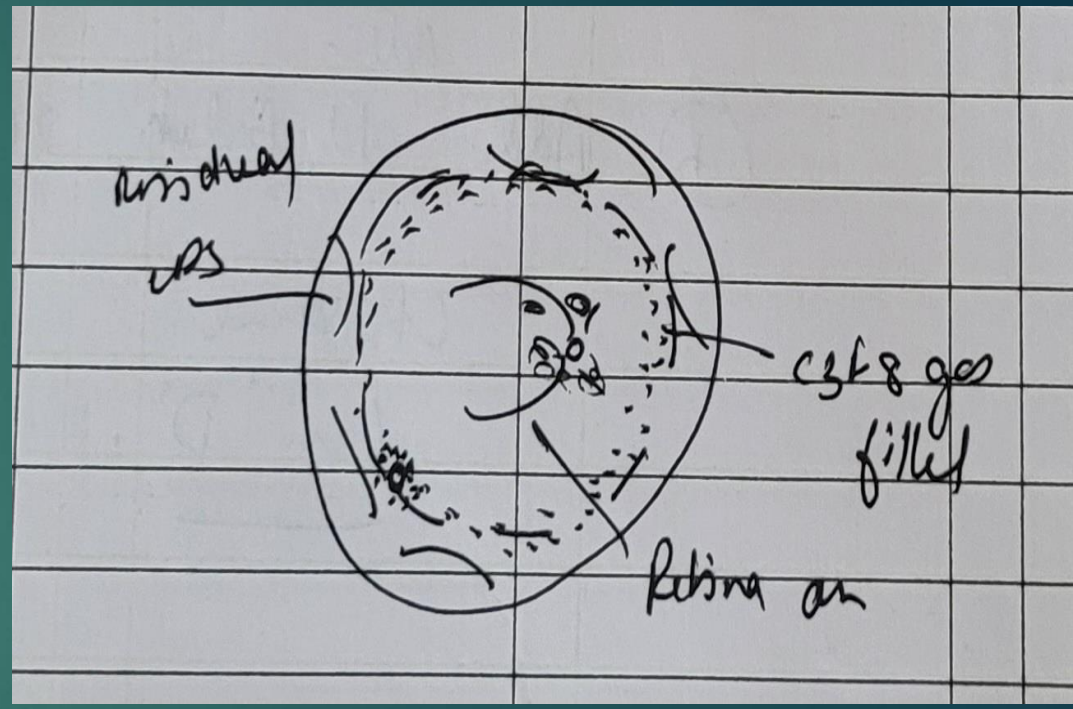


Surgical Management

- Patient was posted for right eye Haemorrhagic choroidal drainage (with non valved cannula) with PPV+ PVD+BD + FAE+ Endolaser+ C3F8 infusion under LA under Extreme GVP

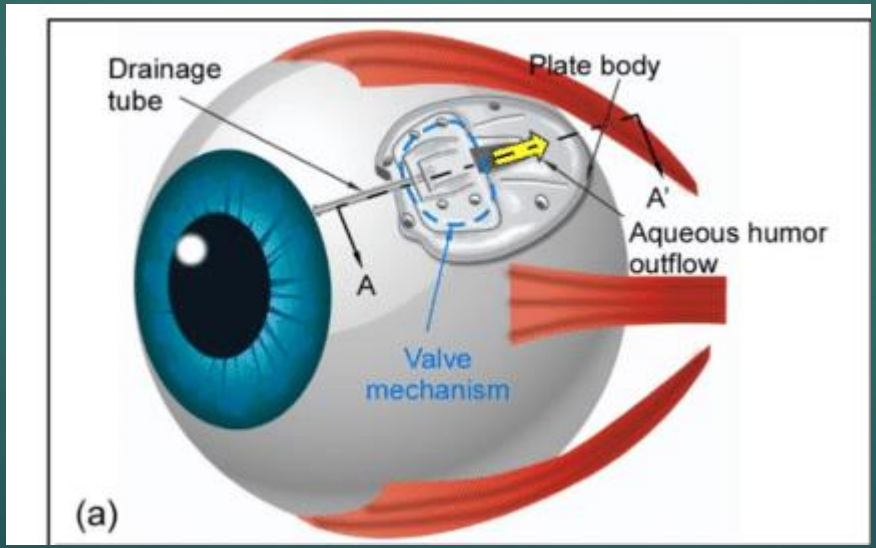
Postoperative Day 1 scenario

- Vision – Hand movements , perception of light present , projection of rays inaccurate.
- Slit Lamp examination -Aphakia, aniridia, port site sutures with DM folds on cornea, some cortical matter on corneal endothelium.
- IOP measurement – RE 34 mm Hg and LE 24 mm Hg
- Indirect Ophthalmoscopy- media clear, multiple intraretinal haemorrhages, 360 degree barrage laser and laser around break site, retina ON



Post op week 1

- Subsequent rise in intraocular pressure resulted in decision for implantation of Ahmed Glaucoma Valve in patient.
- POD 1- Intraocular Pressure was 20 mmHg in Right eye of patient and patient was continued on topical anti Glaucoma agents as of now.



Thank You