Sir,

Rhegmatogenous retinal detachment in a patient with idiopathic polypoidal choroidal vasculopathy

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Idiopathic polypoidal choroidal vasculopathy (IPCV) is a condition in which there is an abnormal inner choroidal vascular network.[1–3] This results in multiple, recurrent exudative retinal pigment epithelial and neurosensory detachments. We present a patient with IPCV who developed a rhegmatogenous retinal detachment.

Case report

A 78-year-old white female patient presented with a 1-week history of a shadow in her right vision.

She had multiple, bilateral episodes of localized serous retinal pigment epithelial detachments with exudation over the preceding 4 years. Argon laser treatment was applied to one of the lesions in the left eye in 1994. This reduced the leakage and her vision improved from 6/18 to 6/9. In 1998, she presented with distortion of her right vision. A serous detachment with hard exudates and haemorrhage was noted between the disc and fovea. Indocyanine green angiography confirmed the clinical diagnosis of IPCV. Argon laser was applied to the right lesion. Vision postlaser stabilized at 6/18 until she developed the rhegmatogenous retinal detachment.

On examination, visual acuity was hand movements right and 6/9 left. The right eye (Figure 1) had a superotemporal rhegmatogenous retinal detachment involving the macular. There was an atrophic hole in the superotemporal retinal periphery and no signs of active IPCV.

A cryotherapy and buckle procedure was performed under general anaesthesia. Cryotherapy was applied to the hole and a 3-mm split sponge was sutured to the sclera overlying the hole with 5/0 Dacron. One-fifth of a millilitre of C_2F_6 was injected into the vitreous cavity 4 mm behind the limbus in the superotemporal quadrant. No subretinal fluid drainage was performed. The patient was postured upright as soon as possible.

The subretinal fluid resolved over the proceeding week. The retina has remained attached for the last year and the vision has stabilized to 6/24 (Figure 2). There was no activation of the IPCV observed.

Comment

To our knowledge, this is the first reported case of this dual pathology. We do not believe that this case represents more than a coincidental relation between IPCV and rhegmatogenous retinal detachments.

The presence of IPCV does raise some interesting issues in the treatment of rhegmatogenous retinal detachments. Characteristically, IPCV has an abnormal inner choroidal vascular network with dilated vessels ending in aneurysmal dilatations.[1–3] These vessels are prone to leakage. The polypoidal lesions are usually noted at the posterior pole, but can be present in the periphery.[4,5] We postulate that the avoidance of hypotony during the retinal detachment repair and if possible performing a nondrainage procedure may prevent any unnecessary manipulation of the abnormal choroidal vessels. This may limit the risk of developing postoperative activation of IPCV and creating substantial

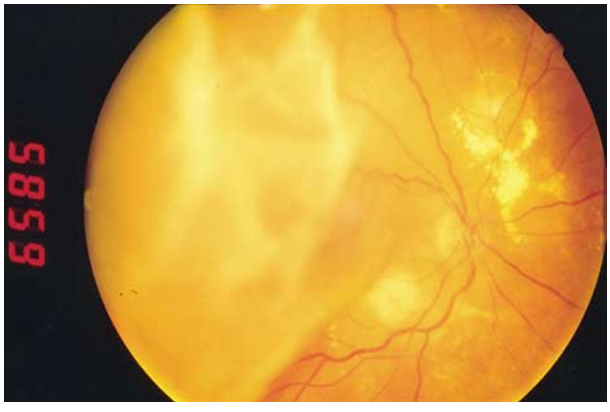

Figure 1 Preoperative appearance of the right eye showing the superotemporal rhegmatogenous retinal detachment and old IPCV changes including the previously lasered area near the inferotemporal arcade.

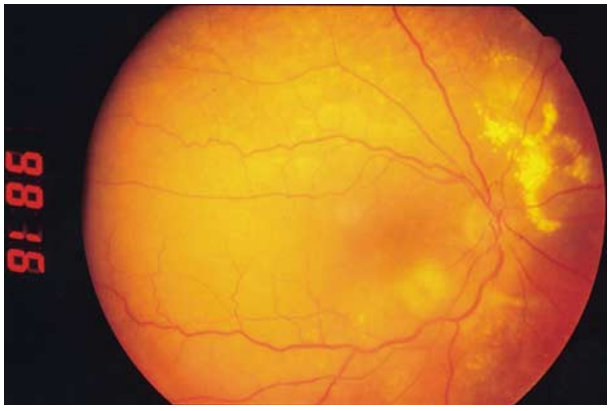

Figure 2 The 3-month postoperative appearance showing an attached retina and no change in the old IPCV findings.

bleeding at the time of subretinal fluid drainage. If a drainage procedure is needed, then an internal drainage procedure may be preferred.

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