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Sir,

Spontaneous reattachment of extensive Descemet's membrane detachment following uneventful phacoemulsification surgery

Menezo *et al*[1] presented a case of extensive nonplanar Descemet's membrane detachment following 'routine' phacoemulsification. The detachment progressed over the postoperative period, and surgical intervention with anterior chamber air tamponade was required to restore normal anatomy. We have recently managed a similar case, which provides further insight into this complication of cataract surgery. A 78-year-old woman underwent routine right temporal clear corneal phacoemulsification and lens implantation (Acrysof MA 60). She had no other ocular problems and at a 1-week postoperative review achieved 6/6 with a small myopic correction. No corneal abnrmalities were noted. At 6 weeks postoperatively, she presented to the eye department complaining of a gradual decrease in acuity in the operated eye. On examination, she was found to have corneal oedema extending from the temporal section to the visual axis, with underlying planar detachment of Descemet's membrane. The eye was quiet and the intraocular pressure normal. The patient was offered surgical intervention but declined because she was flying on holiday the following day for 1 week. She was reviewed 10 days later on her return. She stated that her vision had returned. On examination she achieved 6/6 and the cornea was clear with no Descemet's detachment. There was a tidemark visible in Descemet's delineating the area of previously detached membrane. At 6 months follow-up, the corneal appearance remains unchanged.

It is likely that this patient had a small peripheral Descemet's detachment immediately following her surgery. This then extended in a manner similar to that described by Menezo *et al*. In our case, however, the delicate balance of forces across Descemet's membrane shifted to allow the fluid flow generated by the endothelium to reappose Descemet's to the underlying stroma without surgical intervention. The temporal location of the corneal section may have allowed gravity to assist in changing this balance in favour of reattachment. Despite the good outcome of conservative management in this case, we would still offer prompt surgical intervention to similar patients in the future.

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References

1 Menezo V, Choong YF, Hawksworth NR. Reattachment of extensive Descemet's membrane detachment following uneventful phacoemulsification surgery. *Eye* 2002; **16**: 786–788.

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