features supporting the above theories of a common aetiological pathway.^{9,10}

This case supports the evidence that PPD and ICE are parts of a spectrum of one condition. We believe that patients with PPD should undergo thorough scrutiny of the endothelium, iris, and anterior chamber angle at follow-up, to aid the accurate management of these patients and their families.

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AK Patel, RSK Loh and AJ Morrell

St James' University Hospital
Beckett St, Leeds LS9 7TF, UK

Correspondence: AK Patel
Bradford Royal Infirmary, Duckworth Lane
Bradford, BD9 6RJ, UK

Tel: 01274 542200

Fax: 01274 366710

Email: amitpatel@doctors.org.uk

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Sir, Ultrasound biomicroscopic documentation of traumatic cyclodialysis cleft closure with hypotony by medical therapy

A cyclodialysis cleft occurs when meridional ciliary body muscle fibres disinsert from the scleral spur. This can follow blunt trauma or intraocular surgery. Cyclodialysis creates a communication between anterior chamber and suprachoroidal space, resulting in hypotony and its resultant sequel. Shallow anterior chamber due to cyclodialysis makes the diagnosis difficult by gonioscopy. Ultrasound Biomicroscopy (UBM) is the best to diagnose and monitor cyclodialysis.¹

Several modalities for treatment of cyclodialysis have been described in the literature, like medical therapy, diathermy, cryopexy, direct and endoscopy-assisted photocoagulation, direct suturing, trans-scleral photocoagulation and vitrectomy.^{2–5} Cyclodialysis cleft closure has been documented after intervention on UBM.⁴ To the best of our knowledge, this is the first case to document resolution of cyclodialysis cleft on UBM following medical management.

Case report

A 17-year old male presented to emergency service with history of diminution of vision OD following trauma with stone for 7 days. Visual acuity was finger counting 2 m OD and 20/20 OS. Intraocular pressure (IOP) was 6 mm OD and 12 mm OS of Hg by applanation. Examination of OS was normal. On slit-lamp examination, OD showed corneal abrasions, shallow anterior chamber with 2+ cells and flare. Pupil had a sphincter tear at 11 o'clock. Fundus examination revealed retinal oedema involving inferior retina including the macula. Bscan ultrasonography revealed 360° choroidal effusion, echo-free vitreous, attached retina with normal globe contour. UBM showed the 360° choroidal effusion with cyclodialysis at 6–7 o'clock position (Figure 1). He was started on topical prednisolone acetate 0.1% eye

Figure 1 Ultrasound biomicroscopy image of the iridocorneal angle at the time of presentation an area of cyclodialysis cleft with choroidal effusion 6–7 o'clock position.

drops 4 hourly, cyclopentolate hydrochloride 1% eye drops 8 hourly and tears substitute 6 hourly.

After 1-week, OD was still soft with vision finger counting at 3 m. Anterior chamber was deep with 2+ flare and cells. IOP was unrecordably low. Retinal oedema had resolved, however, the disc oedema (due to hypotony) was persistent. The patient was started on oral prednisolone 60 mg/day (1 mg/kg body weight) and the topical steroids were increased to 1 hourly, in addition to cycloplegics.

At 3 weeks from presentation, the visual acuity improved to 20/25 and IOP raised to 16 mm of Hg OD. Anterior segment findings were within normal limits except for the persistent iris sphincter tear. Gonioscopy, OD revealed angle recession between 11 and 12 o'clock position and cyclodialysis at 6 to 7 o'clock corresponding to the UBM findings. The oral and topical steroids were tapered.

At 15 weeks, the visual acuity improved to 20/20, N6 with IOP 8 mm of Hg. UBM showed 360° attached choroid and closed cyclodialysis cleft (Figure 2). The visual acuity and IOP were stable for the following 7 months.

Comment

Hypotony following ocular trauma with cyclodialysis is intractable. Basis of medical therapy, though reported to be useful in some cases, is unknown. In this patient, UBM demonstrated cyclodialysis cleft with 360° choroidal effusion. Systemic and topical steroid with cycloplegics were effective in raising the IOP, resolution of cyclodialysis cleft and choroidal effusion. Closure of the cyclodialysis cleft was confirmed by UBM.

Corticosteroids presumably help in resolution of choroidal effusion, while cycloplegics maintain the approximation of the cyclodialysis cleft. Thus, a

Figure 2 Ultrasound biomicroscopy image of the iridocorneal angle at 15 weeks following medical therapy showing closure of the cleft and disappearance of the suprachoroidal fluid at 6–7 o'clock position (white arrow indicates ciliary body region).

combined corticosteroid/cycloplegic therapy can be considered the primary therapy of choice in the management of traumatic cyclodialysis with hypotony before considering photocoagulation or surgical intervention.

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Vinay A Shah and Ajit B Majji

Retina Vitreous Service
L.V. Prasad Eye Institute, Hyderabad, India

Correspondence: Ajit B Majji
Tel: +91 40 2354 8267
Fax: +9140 2354 8271
E-mail: ajit@lvpei.org

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