

Sir,
Staphyloma causing visual field defect, illustrating the risk of globe perforation with sharp-needle anaesthesia

A 66-year-old man was investigated for an asymptomatic right-sided visual field defect (Figure 1). The right eye was blind following a failed buckling procedure (retinal detachment attempted correction procedure). The left eye had an axial length of 28 mm (96% of eyes are between 21 and 25.5 mm) and had been highly myopic (-15 dioptres) before cataract surgery.

Funduscopy revealed a temporal staphyloma in the left eye (Figure 2). Staphylomata are most often encountered around the optic nerve of highly myopic eyes. They are bulgings of the sclera of the posterior pole of the eyeball and are associated with degenerative changes in severe myopia. Magnetic resonance imaging illustrates a globe that is longer and wider than average (temporal staphyloma). Figure 3 also demonstrate the failed buckling procedure in the right eye. Staphyloma is a recognised cause of field defects;² No other cause for the field defect was detected.

It is well known that the incidence of staphyloma increases with increasing axial length. It is likely that nearly all eyes with pathologic myopia have some form of posterior staphyloma. Owing to their resulting bulging shape, eyes with staphylomata are prone to globe



Figure 2 Composite fundal photograph, showing the staphyloma (shown as pearly-white cystic structures on the right of the composite photo) at the temporal side of the left eye.

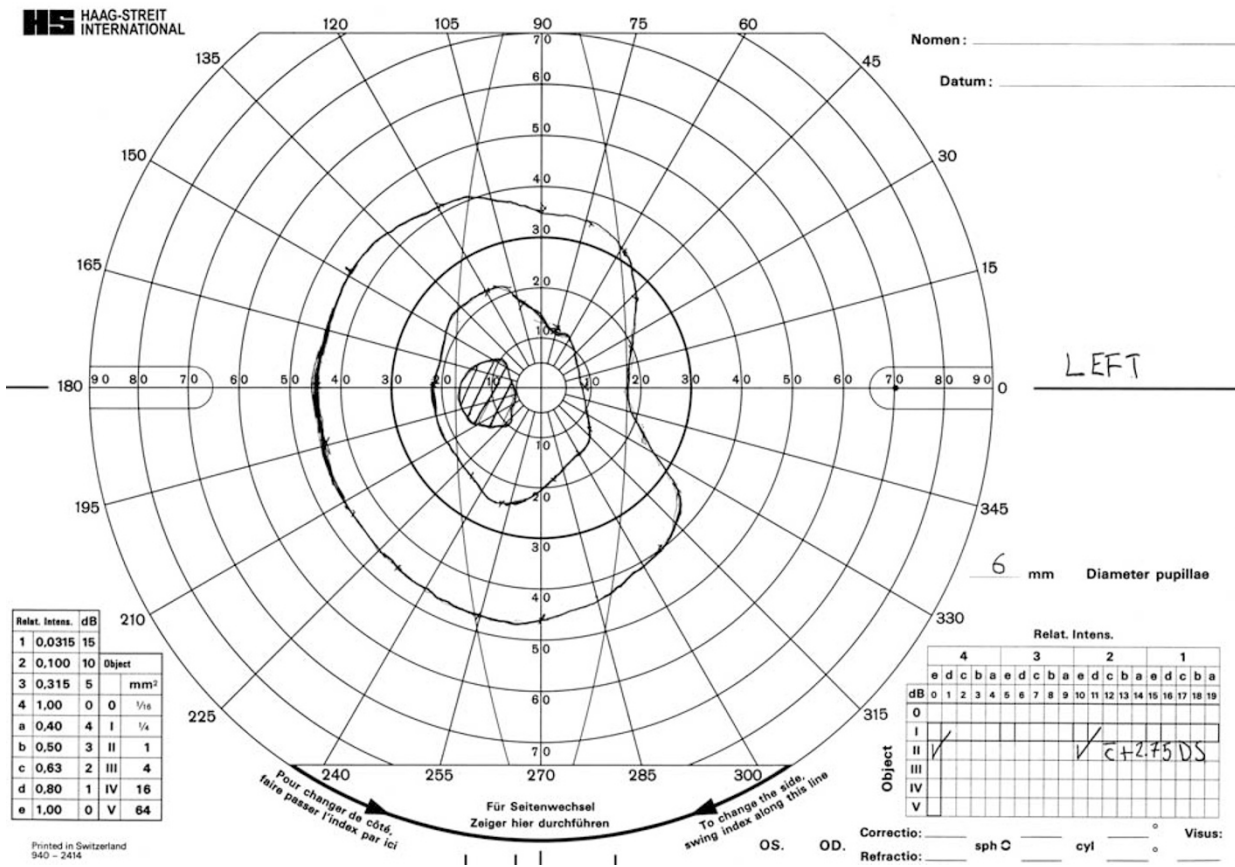


Figure 1 Goldmann visual field plot with nasal scotoma in the left eye. The right eye has no perception of light.

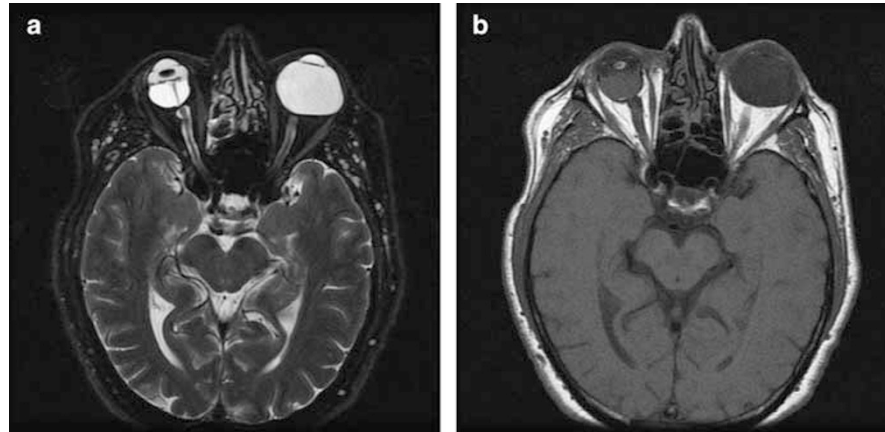


Figure 3 (a) Magnetic resonance imaging of the brain and orbits, illustrating the large left eye with bulging of the temporal (left) side. No other pathology apart from the staphyloma seen in the left eye. (b) Note also the right intraocular lens implant and 'funnel' retinal detachment with failed scleral buckling (retinal detachment attempted correction procedure) in right eye.

perforation with needle local anaesthesia (retrobulbar or peribulbar anaesthetic³). Preferred techniques that minimise this risk or overcome the problem completely include topical, sub-Tenon's or general anaesthesia.^{1,4}

References

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- 3 Edge R, Navon S. Scleral perforation during retrobulbar and peribulbar anesthesia: risk factors and outcome in 50 000 consecutive injections. *J Cataract Refract Surg* 1999; **25**(9): 1237–1244.
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Sir,

Recovery of stereoacuity 27 years after trauma: an unusual case

The ability of adults with long-standing monocular visual loss and associated secondary strabismus to regain stereoacuity is poorly understood. Although there are reports of patients regaining a high level of binocular function many years following the onset of strabismus they all had a good level of visual acuity with no prior period of visual deprivation.^{1–3} We report the case of a patient who regained a high level of stereoacuity following correction of traumatic aphakia and secondary exotropia 27 years after a penetrating eye injury.

Case report

A 64-year-old female was referred for further assessment of a secondary exotropia associated with aphakia, which developed following a penetrating injury to her left eye 27 years earlier. Her acuity in this eye was hand movements only, although with an aphakic correction it improved to 6/12. However, with this correction she complained of constant horizontal diplopia and as a result she had never worn a contact lens. In addition, she had a secondary exotropia measuring 45 prism dioptres (Δ) for near and 30 Δ for distance. Her visual acuity was 6/5 in her right eye with normal ophthalmic examination. There were concerns that if she underwent anterior segment reconstruction with secondary intraocular lens implantation followed by possible strabismus surgery she was at risk of intractable diplopia. She therefore had a botulinum toxin injection to her left lateral rectus muscle, which reduced her exotropia to 12 Δ for near and 6 Δ for distance. Following this she was encouraged to wear her