

UK Paediatric Glaucoma Society (UKPGS) Annual Meeting
Saturday 23rd January 2021, 10:30 – 16:35 GMT

Approved CPD 6 points (Royal College of Ophthalmologists)

Abstracts

3 - Retinal detachment in a child with a glaucoma drainage device: Use the implant!

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Background: Children with buphthalmos are at a greater risk of retinal detachment owing to the increased axial length and stretched eye. There is a recent increase in the use of non-valved glaucoma drainage devices (GDDs) in children with refractory glaucoma. The large episcleral plates of these GDDs are usually placed under the recti muscles. Retinal detachment surgery with a buckle and band in the presence of a large device placed at the equator is a difficult proposition. This video will showcase a unique surgical procedure for fixing a detached retina in the presence of a large episcleral plate of a GDD.

Case history: A 5-year-old one-eyed girl with congenital glaucoma presented with rhegmatogenous retinal detachment in her only seeing eye. She had been referred to our centre 4 years ago with loss of perception of light vision due to an inoperable retinal detachment following trabeculectomy in the right eye. The left eye subsequently underwent multiple surgeries including a combined trabeculotomy-trabeculectomy, an Aurolab Aqueous Drainage Implant (AADI) in the inferior quadrant and subsequently phacoaspiration with IOL implantation. The visual acuity had dropped to HM from 6/18, the IOP was 10 mmHg on two drugs, and there was an inferior retinal detachment. The difficult surgical challenge of appropriate retinal detachment surgery (pars plana vitrectomy with silicon oil as opposed to primary scleral buckle) in this child was the dilemma. This video demonstrates how the episcleral plate of the AADI was successfully used as a scleral buckle.