EARLY RETINAL DETACHMENT*

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THE case here described may be of interest as providing an uncommon example of early retinal detachment.

Case Report

Clinical History.—A nursing Sister, aged 63, was first seen at Out-Patients on October 23, 1952. There was no previous history of eye trouble. She had noticed a "flash" in her left eye 5 weeks previously. This was followed by the appearance of black floating spots in her vision. She was still having occasional flashes, and the floating spots were unchanged. Her general health, including blood pressure, was normal.

Examination

Left Eye.—Visual acuity 6/12 with +1.0 cyl. axis 170°. The eye was white, pupil active, and tension normal. Slit-lamp examination showed no keratic precipitates or cells in the anterior chamber. The lens was clear, but the vitreous showed some haze and a few larger opacities. In the retina, a small greyish swelling, about half the size of the optic disc, was noted lying under a branch of the upper nasal vein. Attached to its lower pole was a small, convoluted tag, which projected into the vitreous. A narrow and ill-defined dark reddish tinge at each side suggested a possible retinal tear, although no details could be made out; the rest appeared normal.

Right Eye.—Healthy. Visual acuity 6/6, media clear, retina normal. A few areas of pigmentary mottling were noted in the mid-periphery below the disc.

Diagnosis.—Incipient detachment of the retina seemed the most likely. There was no evidence of an inflammatory lesion, and the small projecting tag did not fit in with the appearance of a tumour. It was thought that the small vitreous haemorrhage had come from the vein running over the swelling.

The eye was examined again twice, at weekly intervals. The vitreous appeared clearer, but the lesion itself was unchanged. The position was carefully explained to the patient, who decided that, if operation were likely to be necessary at any time, she would rather have it done without further delay. A fundus painting (Fig. 1) was made on November 21, and the patient was admitted to hospital.

Operation.—On November 26, under general anaesthesia, a conjunctival flap was turned down, and the sclera bared over the localized area. A light application of surface diathermy was made, and, on ophthalmoscopic examination, the appearance was found to have changed in a most dramatic manner. In the centre of the white area, a large "horse-shoe" tear was visible, and the tag previously noted could be seen attached to its lower extremity. No perforation was considered necessary, and the conjunctival incision was closed. Another fundus painting (Fig. 2) was made in the ward on December 1.

Result.—Convalescence was uneventful, and the white area was gradually replaced by the usual pigmentary changes. The patient was discharged on December 19, and when she was seen again on January 8, 1953, the appearance was satisfactory. The visual acuity had returned to 6/6 with $\bar{c}+1.25$ cyl. axis 170°. The affected area of the retina showed no activity, and adhesion seemed to be complete.

* Received for publication January 19, 1953.

FIG. 1.—Before operation.

FIG. 2.—After operation.

Discussion

A case of pre-detachment of the retina, with successful treatment by diathermy, is presented. Although no definite retinal tear could be seen pre-operatively, the history and general appearance suggested the correct diagnosis. Indentation of the sclera by a glass rod, as for lesions at the ora serrata, might have shown up the tear (Schepens, 1952), although the location in this case might have made this difficult.

The slight pigmentary degenerative changes in the mid-periphery of the right fundus will make periodic examination necessary, but, in view of the patient's recent experiences, the more active symptoms of early detachment, such as flashes and floating opacities, will hardly pass unnoticed.

I wish to thank Dr. R. Cuddeford, of Cross-in-Hand, Sussex, who kindly referred this case to me.

REFERENCE

SCHEPENS, C. L. (1952). *Arch. Ophthal.*, Chicago, 47, 593.