RETINAL DETACHMENT ASSOCIATED WITH ATOPIC DERMATITIS AND CATARACT*

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THE association of atopic dermatitis and cataract is a well-known, but rare, entity. Sack (1947) reviewed the aetiology of these cases, but did not mention retinal detachments. Coles and Laval (1952) reviewed 63 cases, which they claimed to be all that had been recorded at that time. They pointed out that surgical treatment of the cataract had not been very successful because of a relatively high incidence of pre- and post-operative retinal detachment. They thought that the retinal detachments were secondary to disease of the vitreous. So far as I am aware, only seven cases of atopic dermatitis, cataract, and retinal detachment have been recorded, although there may be more among the blind eyes in Coles and Laval's review.

The case described below draws attention to some of the difficulties of treating retinal detachment in such cases. In four of the cases previously recorded, the detachment was not treated (Balyeat, 1937; Beetham, 1940; Cordes and Cordero-Moreno, 1946). Coles and Laval (1952) tried scleral resection and diathermy, but failed to get the retina flat. On the other hand, Mylius (1949) described two cases of bilateral retinal detachment associated with atopic eczema and cataract. He thought that the retinal detachment was caused by some vascular disorder and claimed to have cured one eye in each case by sealing off the retinal holes by diathermy.

Case Report

A married woman, now aged 22 years, first attended the clinic in 1960, complaining that the sight of the left eye had gradually deteriorated during the previous 18 months.

Past History.—She had had flexural eczema when 2 years old, which later became a more widespread dermatitis, and was finally controlled by arsenic treatment, which she continued for 4 years. She had hay-fever, but otherwise was quite healthy.

Family History.—Her brother had eczema, hay-fever, and asthma. There was no history of premature cataracts in the family.

Examination.—The right eye was quite normal. The left lens showed early cataract. There was no history of injury, and x rays excluded the possibility of intra-ocular foreign body.

In October, 1961, the patient attended for a routine follow-up, and although there was no complaint about the sight of the right eye, the right retina was found to be detached. The left fundus could not be seen because of the cataract.

Therapy.—In November, 1961, light coagulation to the right eye was tried on two occasions without success.

In January, 1961, a scleral resection was performed. Several attempts were made to withdraw sub-retinal fluid, but all were unsuccessful. However, the retina was almost flat at the end of operation.

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Progress.—In March, 1962, she was re-admitted to hospital because of a slight vitreous haemorrhage in the right eye. The retina was thought to be flat on admission, but it was subsequently noted to be detached. A number of tiny red "flecks" of haemorrhage was seen in the region of retinal blood vessels and round the edges of some of the scars from the previous light coagulation. The vitreous gradually cleared, but the retina remained detached.

In October, 1962, the patient was re-admitted to hospital for removal of the cataract in the left eye. The removal was performed under general anaesthesia, with a full iridectomy. Zonulysin and the erisophake were used. The vitreous was attached to the posterior capsule of the lens but became free as the lens was removed with the capsule intact, and there was a slight loss of viscid vitreous. The post-operative period was uneventful. She was discharged on the tenth day, but was re-admitted 5 days later when a prolapsed iris was excised without complication.

Subsequently, the best visual acuity with her left eye was 6/24. Slight changes were noted at the macula of this eye.

In April, 1963, the patient was again admitted to hospital because the lower half of the retina had become detached in the left eye. The visual acuity in both eyes was less than 6/60 with correction. The media were clear in the right eye, but the lower two-thirds of the retina were detached. There were no retinal holes or retinal haemorrhages in either eye.

It was difficult to decide what treatment should be given. Mylius had success when the retinal holes were sealed off, but no holes were seen in this patient. Coles and Laval had failed to get the retina flat, possibly because they could not release the sub-retinal fluid. This had certainly been the case at the previous operation in this patient, presumably because the "fluid" was too viscous. There was some evidence that the retinal blood vessels were not normal in this case.

Systemic Steroids.—In view of the successful treatment of detached retina with systemic steroids when this condition is associated with other diseases which might have an allergic basis, e.g., uveitis, prednisolone was given systemically. At first 30 mg. daily was given but after 3 weeks moon-facies developed and the dose was reduced to 20 mg. daily. She remained on this dosage for 6 weeks, and since then she has had 10 mg. daily. She has received systemic steroids for a total of 7 months, but there has been no change in the retinal detachments.

Summary

A case of retinal detachment, associated with atopic eczema and cataract, is described.

Previous treatment of this condition is discussed and attention is drawn to the difficulty of withdrawing the sub-retinal fluid.

Unfortunately, no success was obtained by treatment with systemic steroids.

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