IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

# Retinal detachment by spontaneous bilateral ora serrata disinsertion: Case report

**Authors:** El marzouqi Batal 1, Amhoud Karim 2, Karmoun Souhaila 3, Boulanouar Abdelkrim 4, Berraho Amina 5.

Ophthalmology service B, hospital specialties Rabat (CHU Ibn Sina), Mohammed V University, Morocco.

## Abstract:

This is a rare clinical case in a patient who presented bilateral retinal detachment by retinal ora serrata dialysis in both eyes, at the same almost symmetrical location in both retinas, with an insidious evolution due to the lower location of the retinal detachment.

**Keywords**: Detachment, Retina, disinsertion, orra serrata, spontaneous, cryoapplication, indentation.

## Introduction:

Retinal detachment: Accumulation of fluid in the subretinal space and separation of the neuroepithelium from the pigment epithelium.

Retinal detachment by ora disinsertion is part of rhegmatogenic retinal detachment, also occurs with an unpeeled and partially liquefied vitreous.

## Observation:

This is an 18-year-old patient, history: treated for allergic rhinitis 1 year ago and history of bilateral detachments in her great uncle, who presented a loss of visual acuity in the left eye for 4 days. , without associated signs, she consulted in a health center then referred for care, examination on admission:

Right eye: visual acuity: 10/10 without optical correction, examination of the appendages and anterior segment without particularity, FO: normal posterior pole, Goldman 3-mirror glass examination: found an inferior retinal detachment from 5 a.m. to 8 a.m., macula ON, with a disinsertion at the ora from 6 a.m. to 7 a.m. with PVR (vitreoretinal proliferation): stage B.

The examination of the left eye finds visual acuity: with movement of the fingers, examination of the appendages and the anterior segment is without abnormalities, the examination with three-mirror glass: a detachment of the lower retina from 3h to 9h with ora deinsertion from 5 a.m. to 7 a.m., macula OFF and a PVR: stage B (figure: 1).

The patient underwent two operative steps approximately one week apart, a cryo-application plus indentation externally:

-Right eye in emergency: cryo-application under visual control by the three-mirror glass + external indentation by a full silicone band measuring 5.5mm in width, sutured on a circumference of 3h to 9h. (Figure: 2)

-Left eye: cryo-application + indentation by a 5.5mm silicone band on a circumference of 3h to 9h. (Figure: 3)

The patient was put on local treatment (antibiotic therapy + corticosteroid therapy + hypotonizer), and orally (antibiotic-acetazolamide-antiemetic), simple postoperative outcome in both eyes, one month after visual acuity: Right eye (10 / 10), Left eye (1/20), absence of ocular hypertonia, good hyper pigmented scar between the two retinal layers with clearly visible indentation and resorption of subretinal fluid. (Figure: 4.5)

## Discussion:

Detachment of the retina by disinsertion at the ora, also occurs with a vitreous not detached and partly liquefied.

- Prognosis: good anatomically but functionally reserved.

- Young, phakic and non-myopic patients. 2 forms: spontaneous and post-contusive.

- Spontaneous disinsertion results from a constitutional and localized weakness of the ora serrata, sometimes bilateral and familial with possible partial liquefaction or even contraction of the vitreous opposite.

-The visual signs are very discreet and the diagnosis is late.

- Disinsertion usually sits in the lower temporal bone and there is no anterior flap or ciliary lift, small accessory dialysis is possible and the whole often occupies more than 90 °, without any tendency to retinal inversion. [4]

## CONCLUSION:

Bilateral involvement is possible, although rare. They mainly concern patients with lower temporal dialysis, with or without any notion of trauma [1, 3].

The occurrence of contralateral dialysis during follow-up is exceptional [2]. **Figure:**

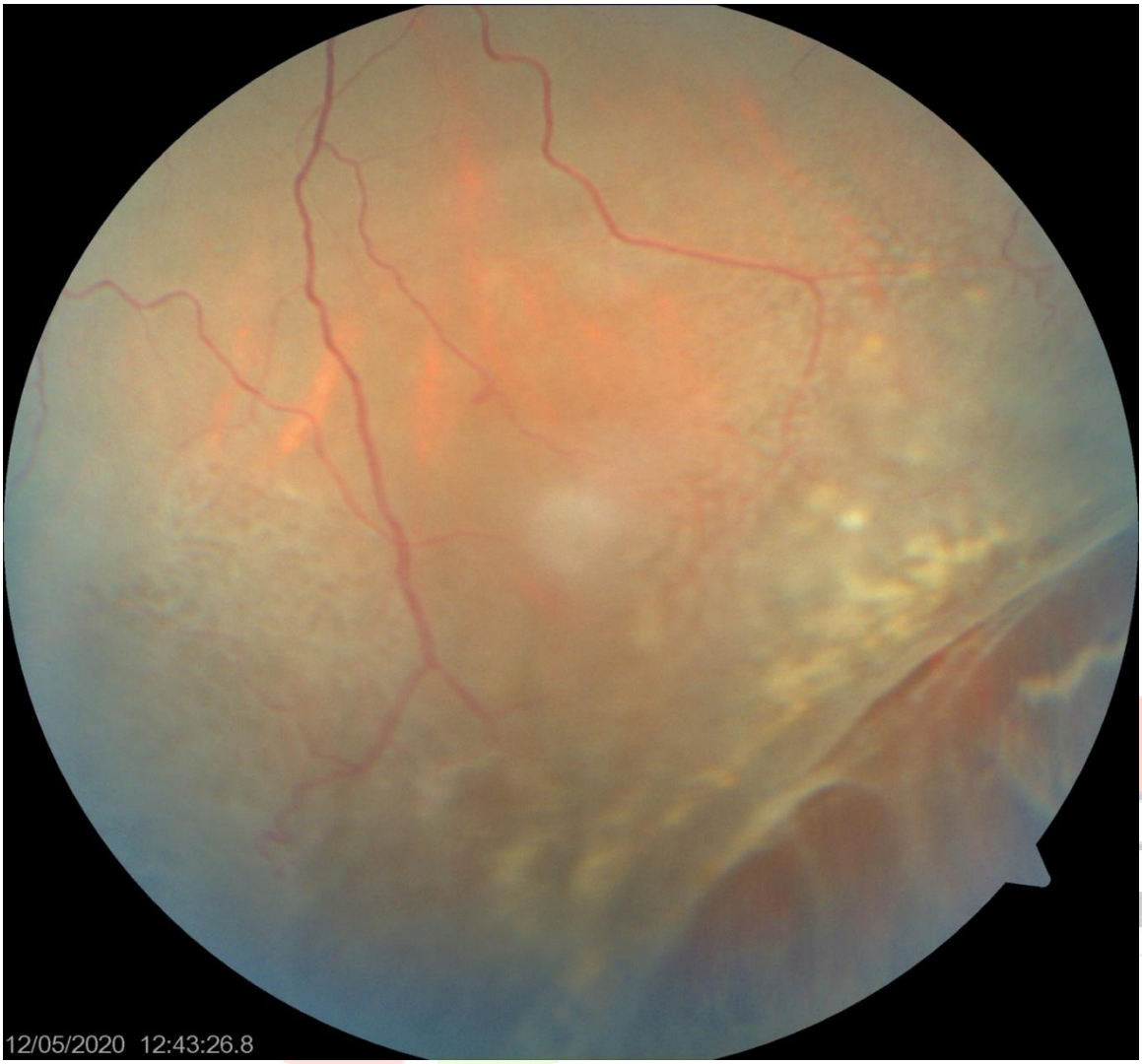


Figure 1: Color retinophotos of the left eye showing disinsertion with ora serrata, before surgery.

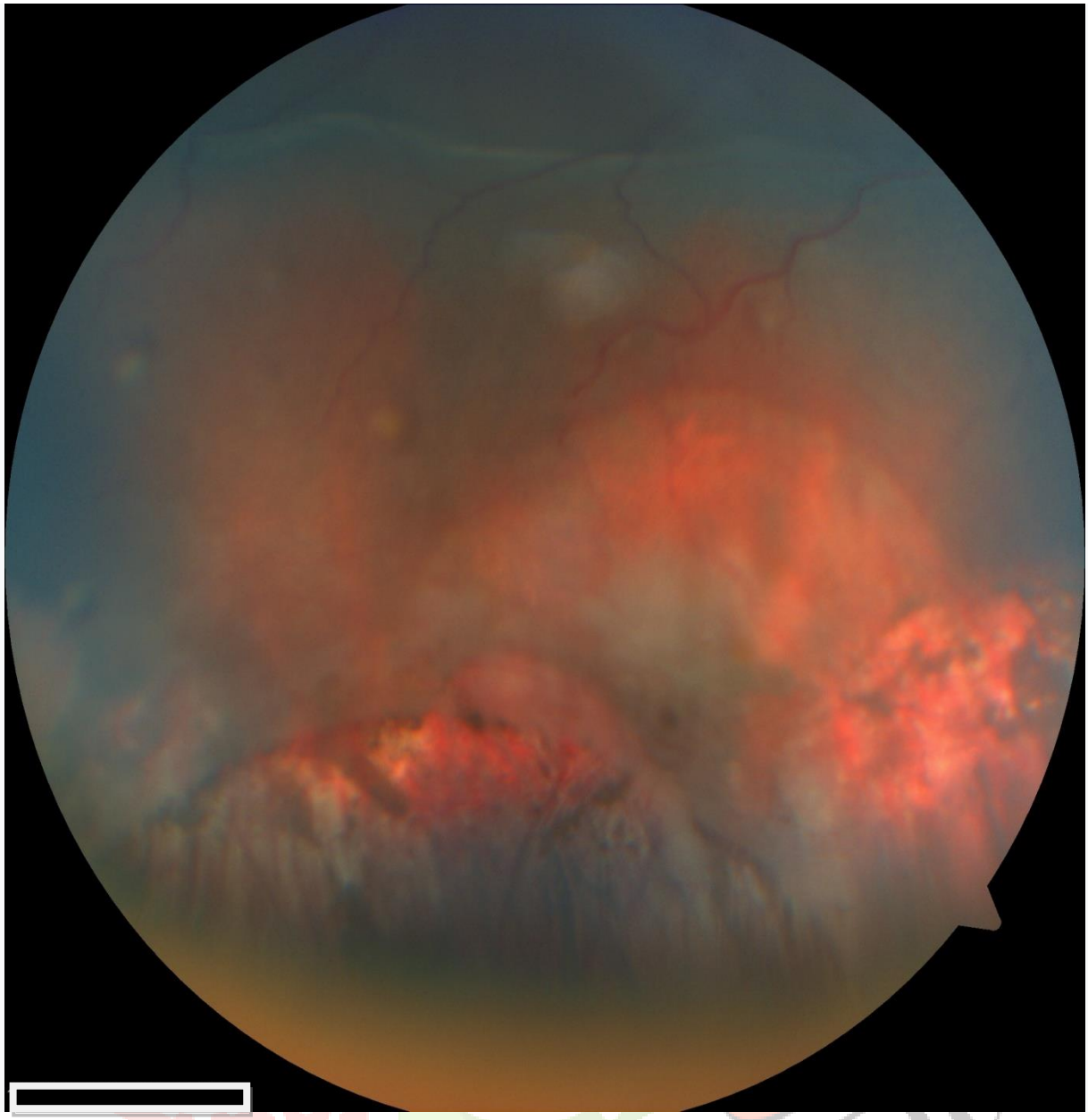

Figure 2: Retinophotos of the right eye after external surgery with post-cryoapplication pigmentation of disinsertion, indentation, and clearly visible demarcation line.

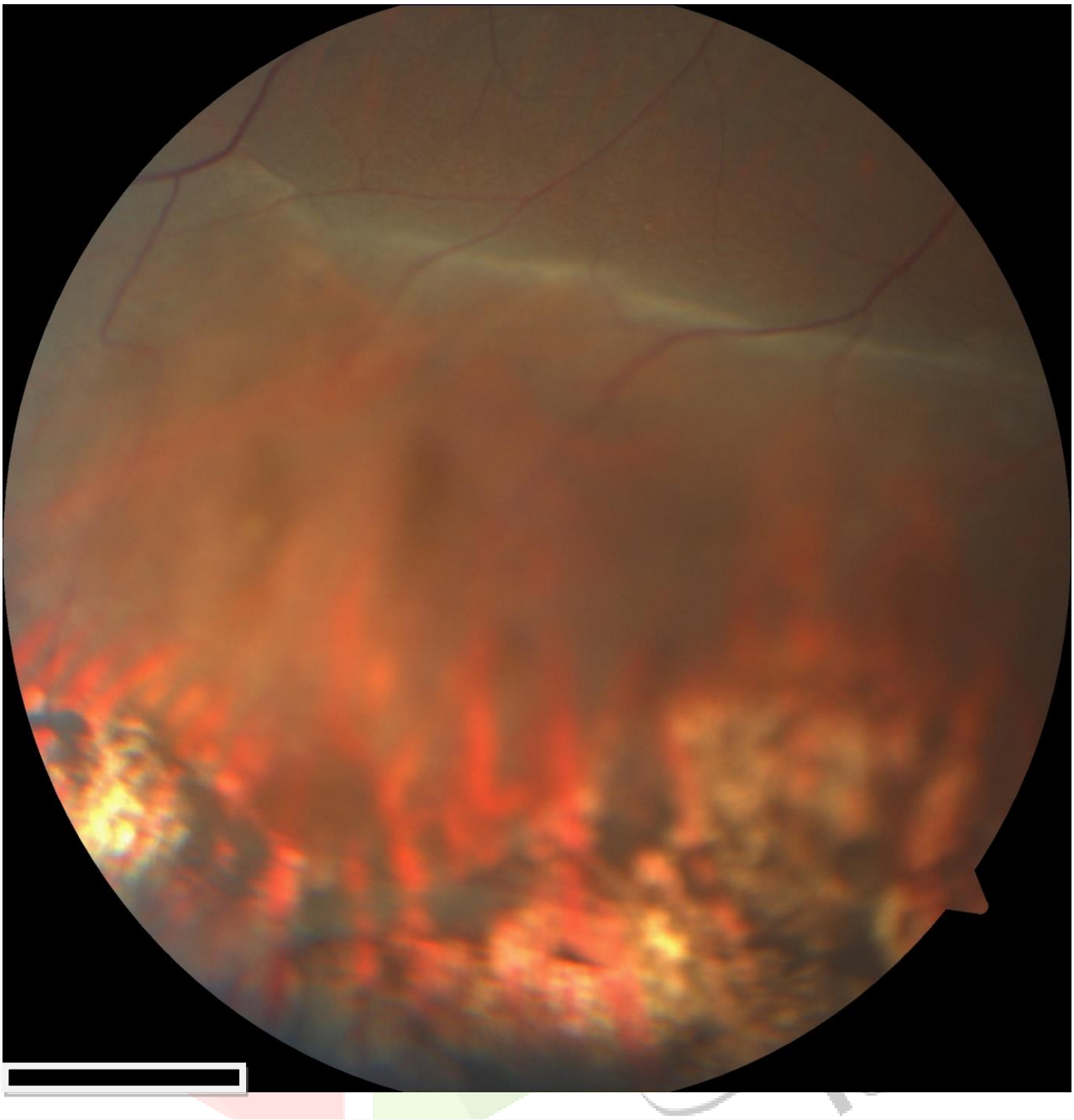

Figure 3: Retinophotos of the left eye after surgery with a good pigmented scar (one week after the procedure).

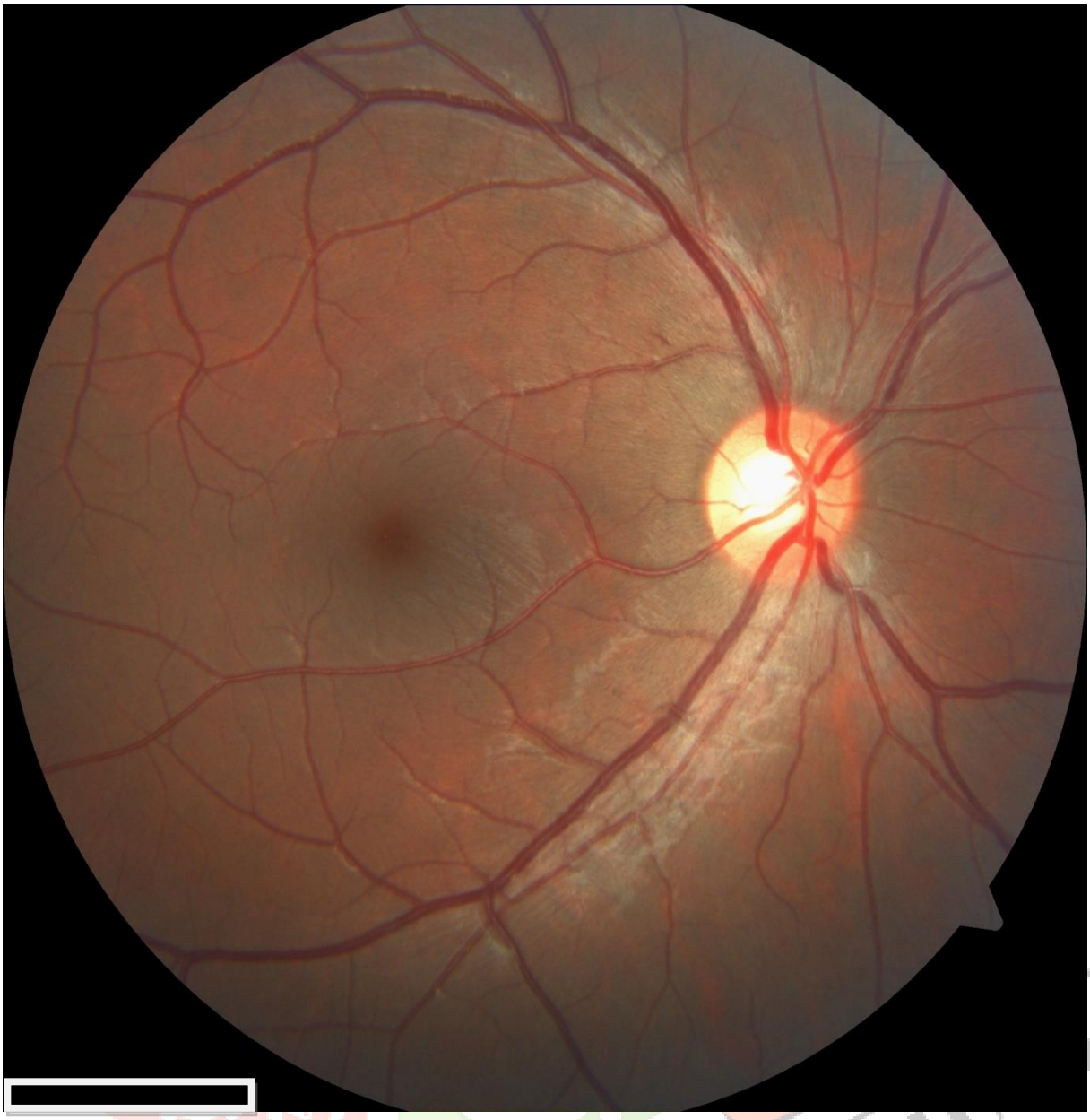

Figure 4: Color retinophotos of the posterior pole of the right eye postoperatively, without abnormalities.

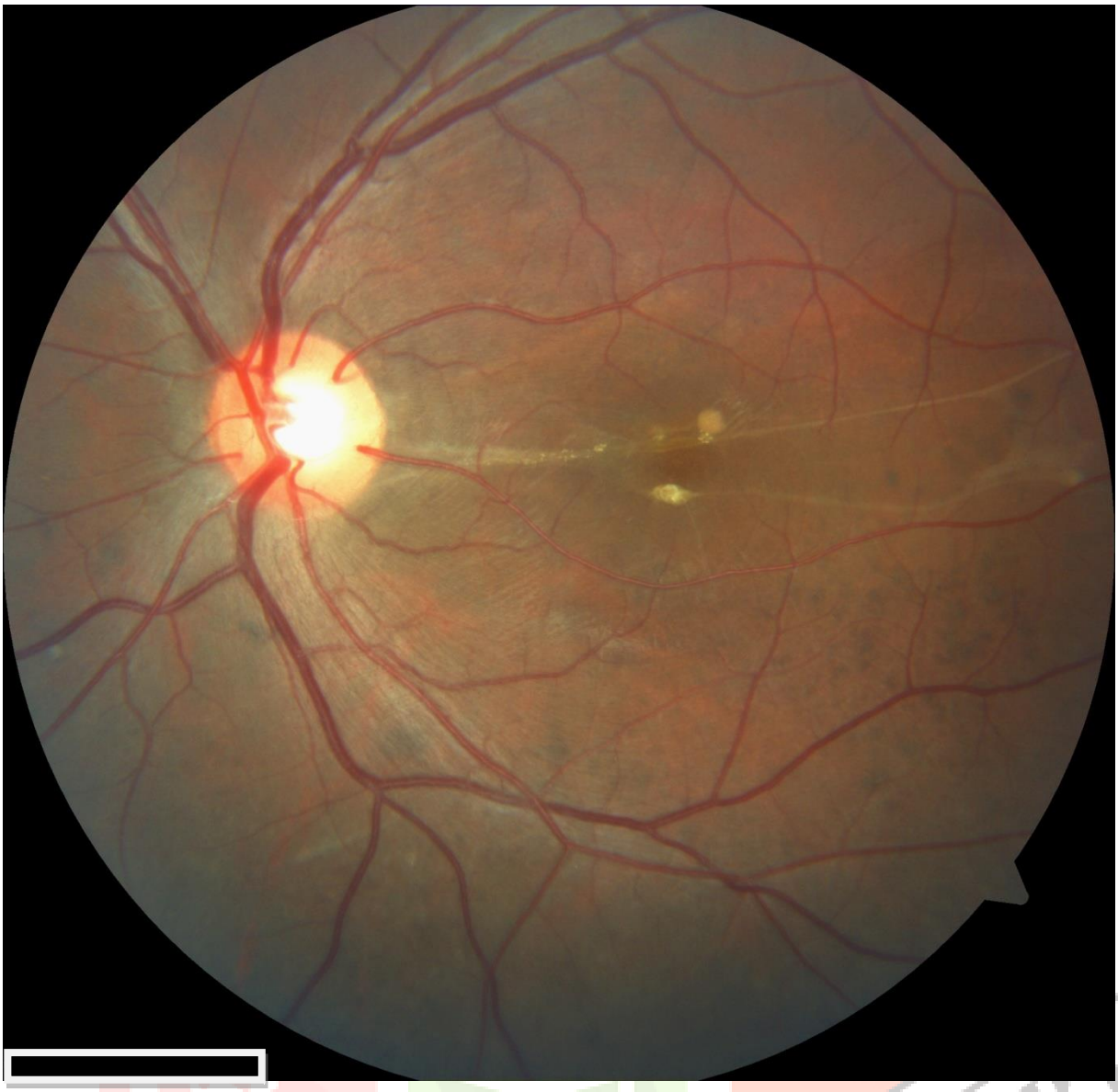

Figure 5: Color retinophotos of the posterior pole of the left eye, after surgery with resorption of the subretinal fluid, the limit of which is marked by changes in the pigment epithelium.

**References**:

[1] Chignell A.H. Retinal dialysis. Br J Ophthalmol, 57; 1973: 572-7.

[2] Hagler W.S. Retinal dialysis: a statistical and genetic study to determine pathogenic factors. Trans Am Ophthalmol Soc, 1980; 78: 686-733.

[3] Vote B.J., Casswell A.G. Retinal dialysis: are we missing diagnostic opportunities? Eye (Lond), 2004; 18: 709-13.

[4] Bonnet M, Moyenin P, Pecoldowa C, Grange JD. Décollement de rétine par désinsertion à l'ora serrata. J Fr Ophtalmol 1986;9:231-42