

2nd GLOBAL OPHTHALMOLOGY SUMMIT 2019

March 27-28, 2019 | Amsterdam, Netherlands

Anna Rusanovskaya et al., Ophthalmol Case Rep 2019, Volume 3

THE EFFECTIVENESS OF SURGICAL TREATMENT OF TERSON SYNDROME

Anna Rusanovskaya and Klimova AV

City Budget Health Care Institution, Russia

Terson's syndrome (hemorrhagic oculocerebral syndrome) is a vitreal, preretinal, subgialoid or subretinal hemorrhage associated with acute subarachnoid, intracerebral hemorrhage, or traumatic brain injury. The clinical picture is characterized by a sharp mono or bilateral loss of vision in the background of intracranial hemorrhage. The main method of treatment is timely vitrectomy. According to the literature, this type of surgical treatment is effective in 81% of cases. Terson syndrome is a serious complication of intracranial hemorrhage, leading to a significant reduction in vision and disability of patients. However, with timely and reasonable surgical treatment, a complete restoration of visual functions is possible, because Terson's syndrome is rarely accompanied by ischemic angioretinopathy.

A 42-year-old woman was taken to the intensive care unit in a coma. The diagnosis was established: Subarachnoid hemorrhage, rupture of the giant aneurysm of the right carotid artery. Surgical treatment was performed: osteoplastic craniotomy in the right fronto-temporal-parietal region, clipping of the aneurysm of the right carotid artery. On return of consciousness, the patient was diagnosed with reduced vision to correct light projection of both eyes. After stabilization of the physical condition, 25-gauge vitrectomy was performed on both eyes. During vitrectomy, a dense adhesion of the posterior hyaloid membrane to the retina, vitreal and subhaloid hemorrhage (at the stage of fibrosis) were detected. Best-corrected visual acuity (BCVA) with Snellen was 20/25 on the first day after surgery and the BCVA was 20/20 in both eyes in one year and in two years after surgical treatment. Fields of vision were in the normal range. Spectral domain optical coherence tomography (OCT) of the macular region and optic nerves were within normal limits. There were no signs of optic atrophy.

BIOGRAPHY

Anna Rusanovskaya graduated from the Medical University in 2006. She has completed her PhD at the age of 33 from S N Fedorov NMTC "MNTK" Eye Microsurgery, Russia, where she studied vitreoretinal surgery and treatment of early stages of macular pathology. Since 2015 she has been working at City Clinical Hospital. She is the author / co-author of more than 20 publications in famous journals and participated in more than 30 national and international congresses. Co-author of two patents of the Russian Federation. Main research areas: Diseases of the retina, including diabetic retinopathy, age-related macular degeneration, myopic macular degeneration, retinal detachment, macula hole, epiretinal membrane and other aspects of vitreoretinal surgery.

anna.rusanovskay@gmail.com



Note: