

Clinical Image

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The hole that saves the eye with no delay

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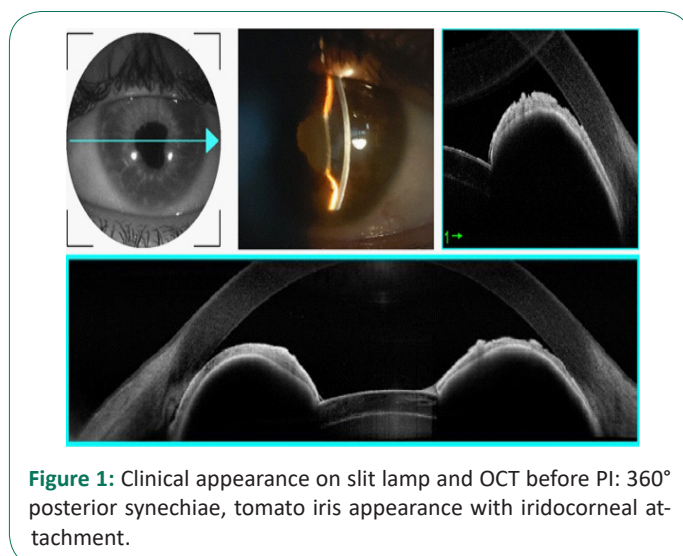
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Clinical image description

A 28-year-old patient was followed up for unilateral anterior synechial uveitis of the right eye, with an inconclusive etiological work-up. Multiple relapses resulted in posterior synechiae formation around the pupil with a tomato iris appearance (Figure 1). The intraocular pressure was 45 mmHg. After preparation of the patient with intravenous mannitol infusion and hypotonic and corticosteroid eye drops, Peripheral Iridotomy (PI) with Yag laser was performed. Aqueous humor flow through the iridotomy orifice resulted in an immediate change in the curved iris configuration and separation of the iridotrabecular contact at the iridocorneal angle (Figures 2 and 3).



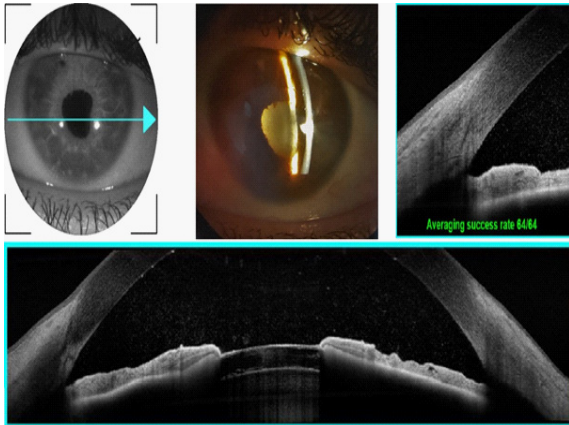


Figure 2: Clinical appearance on slit lamp and OCT immediately after PI: normal repositioning of the iris, and opening of the irido-corneal angle.

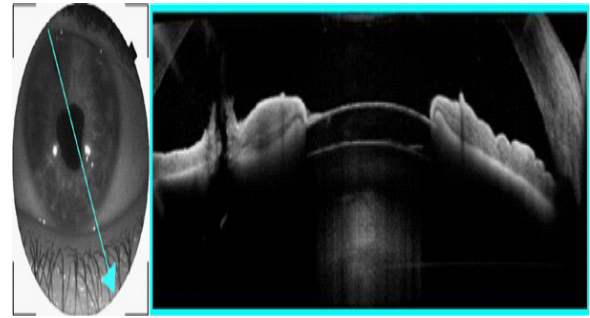


Figure 3: OCT image through the transfixing iridotomy.