

## Images in clinical medicine



# Silicone oil migration into the subconjunctival space and the anterior chamber

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## Silicone oil migration into the subconjunctival space and the anterior chamber

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## Image in medicine

We report the case of a 40-year-old patient with severe myopia who underwent endo-ocular surgery with silicone oil tamponade for retinal detachment. Five months later, the patient presented to the ophthalmic emergency department for painful red eye with reduced visual acuity. The ophthalmologic examination finds a visual acuity (VA) with counting the fingers, an eye tone at 30 mmHg, a conjunctival hyperhemia, silicone bubbles in the subconjunctival (A), a corneal edema, and the presence of oil of silicone in the anterior chamber taking on the appearance of inverted hypopion (B). The patient underwent silicone oil ablation with lavage of the anterior chamber and subconjunctival space. The use of

internal tamponade products has greatly facilitated vitreoretinal surgery and contributed to improved anatomical and functional outcomes. Among these products is described silicone oil that allows prolonged tamponade for several months. Its special feature is the emulsification that occurs when small droplets separate from the large initial silicone bubble. Emulsification facilitates its passage into the anterior chamber and therefore

the risk of corneal complications. On the other hand, silicone oil can migrate into the subconjunctival space through open sclerotomy openings especially when there is postoperative hypertonia. It is recommended to do a careful suturing of the sclerotomies, an abundant lavage of the subconjunctival space and under the tenon at the end of the operation and control of the intraocular pressure.



**Figure 1:** A) image showing the migration of silicone bubbles into the subconjunctival space; B) image showing the migration of silicone oil into the anterior chamber (inverted hypopyon)