

Manuscript Details

Manuscript number	CJO_2020_170
Title	Insidious transpalpebral fistula secondary to scleral buckle
Article type	Photo essays

Abstract

Retinal detachments treated with scleral buckle are an important technique for the vitreoretinal surgeon. This case describes a rare complication of extrusion of the buckle through an eyelid fistula that was initially diagnosed as chronic conjunctivitis for 10 years. The buckle was removed and the fistula left to self-granulate, leading to resolution of symptoms.

Keywords	scleral buckle; eyelid fistula; retinal detachment
Manuscript category	Retina/vitreous
Corresponding Author	Nizar Din
Corresponding Author's Institution	Moorfields Eye Hospital
Order of Authors	Nizar Din, Syed Shahid, Siegfried Wagner, Rabia Bourkiza

Submission Files Included in this PDF

File Name [File Type]

CJO_Photoessay.docx [Manuscript File]

DC_OD_Panel A (2).jpg [Figure]

DC_OD_Panel B (2).jpg [Figure]

CJO_Conflict of Interest Title Page.docx [Conflict of Interest]

To view all the submission files, including those not included in the PDF, click on the manuscript title on your EVISE Homepage, then click 'Download zip file'.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59

Insidious transpalpebral fistula secondary to scleral buckle

Nizar Din FRCOphth¹, Syed M Shahid MSc, FRCOphth², Siegfried K Wagner FRCOphth³, Rabia Bourkiza FRCOphth⁴

¹ Moorfields Eye Hospital, 162 City Road, London, EC1V 2PD

² Moorfields Eye Hospital, 162 City Road, London, EC1V 2PD

³ Moorfields Eye Hospital, 162 City Road, London, EC1V 2PD

⁴ Central Middlesex Hospital, Acton Lane, Park Royal, London, NW10 7NS

Corresponding author:

Nizar Din
Specialist Registrar
Moorfields Eye Hospital
162, City Road
London EC1V 2PD
Phone: 07857316398
Email: nizar.din@nhs.net

**No declaration of competing/conflict of interest of note
No financial sources to declare**

60
61
62 **The case:**
63

64 A 78-year old gentleman was referred to the emergency eye clinic with a three month history of pain, discharge
65 and redness from the right upper eyelid. He had attended the ophthalmic emergency department seven times in
66 the past year, having been diagnosed with recurrent infective conjunctivitis. He had a history of right retinal
67 detachment surgery that was repaired with scleral buckle and cryotherapy over ten years ago, with subsequent
68 vitrectomy and silicone oil insertion. Of note, the scleral buckle was left in-situ at the time of his second
69 operation. The visual acuity at presentation was hand movements in the right eye and 20/30 in the left eye.
70 Examination revealed a tender erythematous upper lid and diffuse conjunctival injection. Careful eversion of the
71 upper lid showed a very inflamed tarsal conjunctiva (figure A) with evidence of the scleral buckle extruding
72 through the full thickness of the upper eyelid with a fistula to the surface (Figure B). The patient was started on
73 topical chloramphenicol ointment and oral co-amoxiclav 625mg TDS as empirical treatment. He was listed for
74 urgent removal of the buckle in theatre under a local anaesthetic. The fistula was left to self-granulate through
75 secondary intention. At 2-month follow-up, the discharge had settled and the patient's symptoms had fully
76 resolved.
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100
101
102
103
104
105
106
107
108
109
110
111
112
113
114
115
116
117
118

119
120
121
122
123
124
125
126
127
128
129
130
131
132
133
134
135
136
137
138
139
140
141
142
143
144
145
146
147
148
149
150
151
152
153
154
155
156
157
158
159
160
161
162
163
164
165
166
167
168
169
170
171
172
173
174
175
176
177

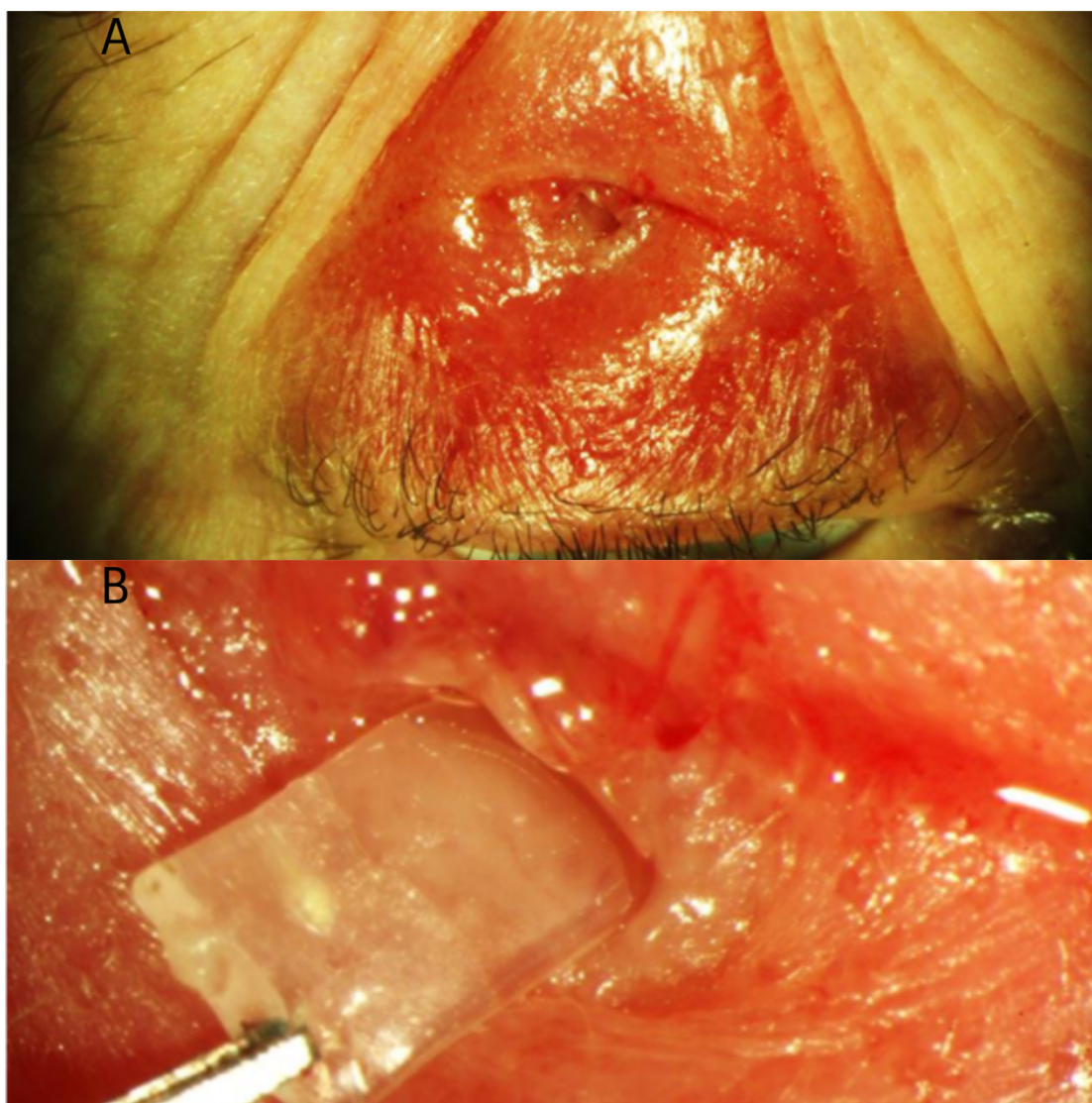
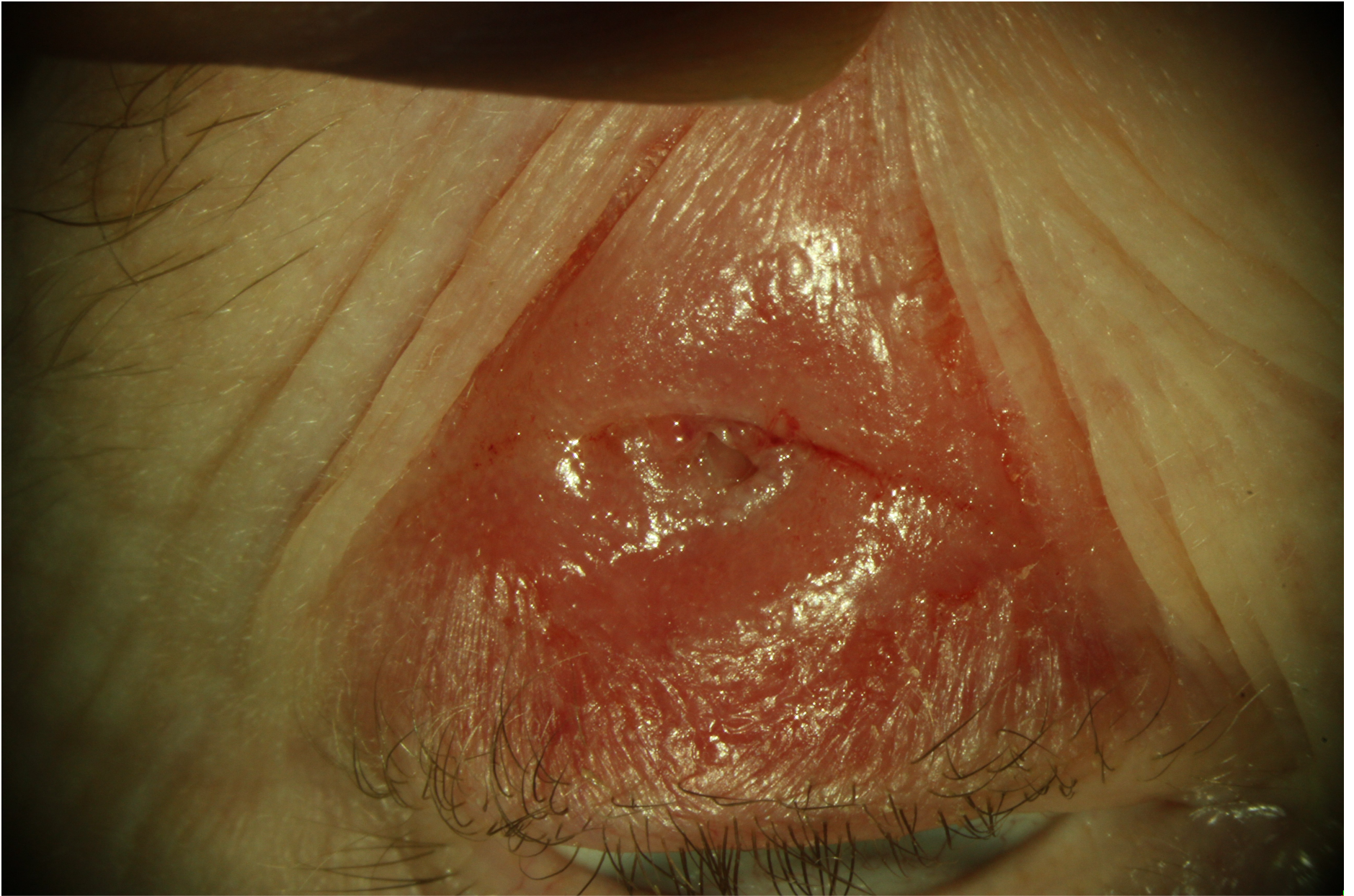
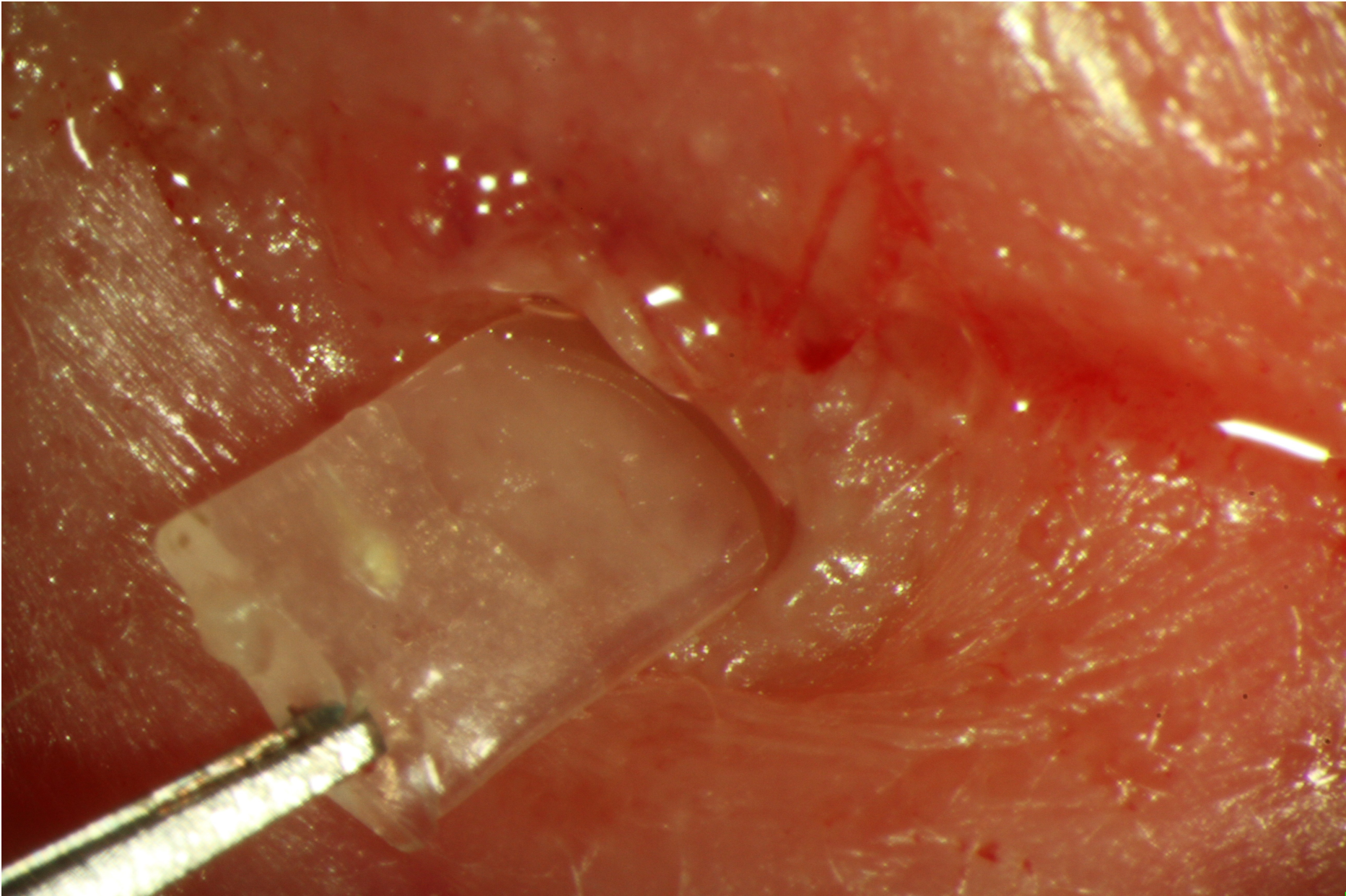


Figure: Formation of a fistula involving the upper eyelid (A) and explantation of the scleral buckle (B)





Insidious transpalpebral fistula secondary to scleral buckle

Nizar Din FRCOphth¹, Syed M Shahid MSc, FRCOphth², Siegfried K Wagner FRCOphth³, Rabia Bourkiza FRCOphth⁴

¹ Moorfields Eye Hospital, 162 City Road, London, EC1V 2PD

² Moorfields Eye Hospital, 162 City Road, London, EC1V 2PD

³ Moorfields Eye Hospital, 162 City Road, London, EC1V 2PD

⁴ Central Middlesex Hospital, Acton Lane, Park Royal, London, NW10 7NS

Corresponding author:

Nizar Din
Specialist Registrar
Moorfields Eye Hospital
162, City Road
London EC1V 2PD
Phone: 07857316398
Email: nizar.din@nhs.net

**No declaration of competing/conflict of interest of note
No financial sources to declare**