

# Management of Optic Disc Pit Associated Neurosensory Detachment

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Image Article

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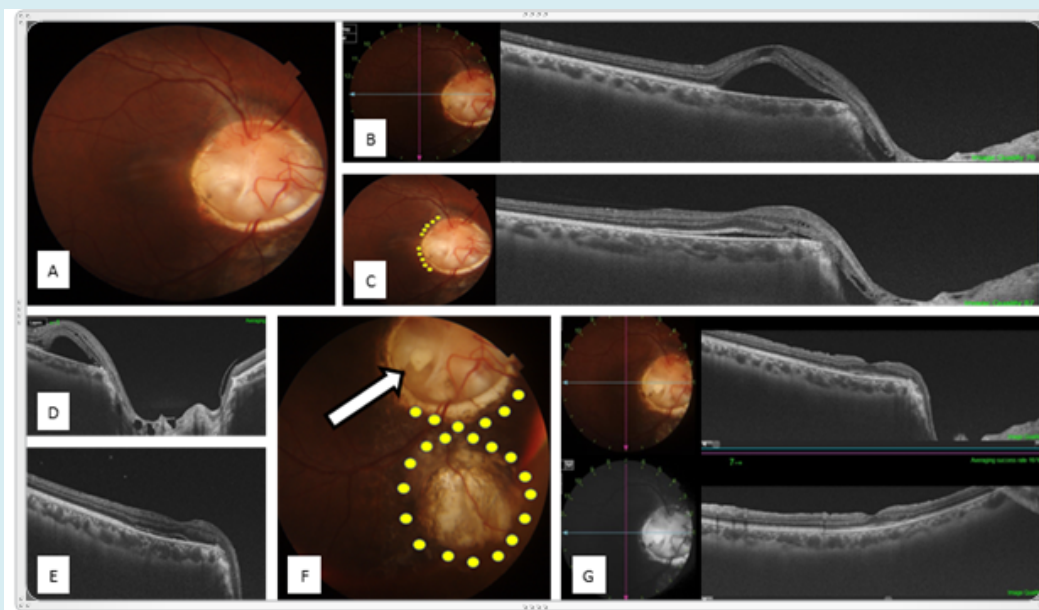
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## Image Article

A 22 year old male presented to us with complaints of seeing wavy lines in right eye of 3 days duration.

He also gave history of reduced vision in left eye since childhood. His best corrected visual acuity was 6/18, N18 and 6/24, N12 in right and left eye respectively.



**Figure: 1 A):** Fundus picture at presentation. **B)** OCT picture at presentation showed neurosensory detachment at the fovea. **C)** Barrage laser was done at the temporal edge of optic disc with OCT showing reduction in height of fluid. **D)** Two weeks later recurrence of neurosensory detachment was noted. **E)** Pars plana vitrectomy with scleral patch graft was done with OCT showing resolution of fluid on post-operative day 1. **F)** Recurrence of fluid on post-operative day 40 was treated with barrage laser around the edges of coloboma and inferior edge of optic disc. **G)** White arrow showing scleral patch graft in-situ. At 6 months follow up, showed restoration of the foveal contour with no recurrence of neurosensory detachment.

Ocular examination revealed microphthalmos with iridofundal coloboma in both eyes, with right eye showing

neurosensory detachment (NSD) at the macula with optic disc pit in addition. Barrage laser was done in right eye in

a circumferential pattern at the temporal edge of the disc, following which resolution of the NSD was noted. Patient was doing well for 2 weeks, following which he presented to us again with sudden onset of metamorphopsia of 1 day duration with neurosensory detachment at fovea. Patient was planned for pars plana vitrectomy with scleral patch graft at the optic disc in order to plug the defect, following which resolution of the NSD was noted on day 1 and sustained up to 1 month, with improvement in best corrected visual acuity to 6/6P in snellen chart. Patient presented to us again with metamorphopsia and sudden vision blur in right eye

at 40 days post surgery, with drop in visual acuity to 6/12. Neurosensory detachment was noted again at the fovea with apparently well taken scleral graft at the optic disc. We were unable to ascertain the source of neurosensory fluid, and a presumptive source of fluid origin from the coloboma edge was made. Barrage laser was performed in circumferential pattern around the coloboma edges as well as inferior edge of optic disc. At 6 months follow up, no evidence of sub-retinal fluid was noted with maintenance of visual acuity of 6/6P. In this article we highlight the importance of ruling out the source of fluid in order to prevent recurrences.

