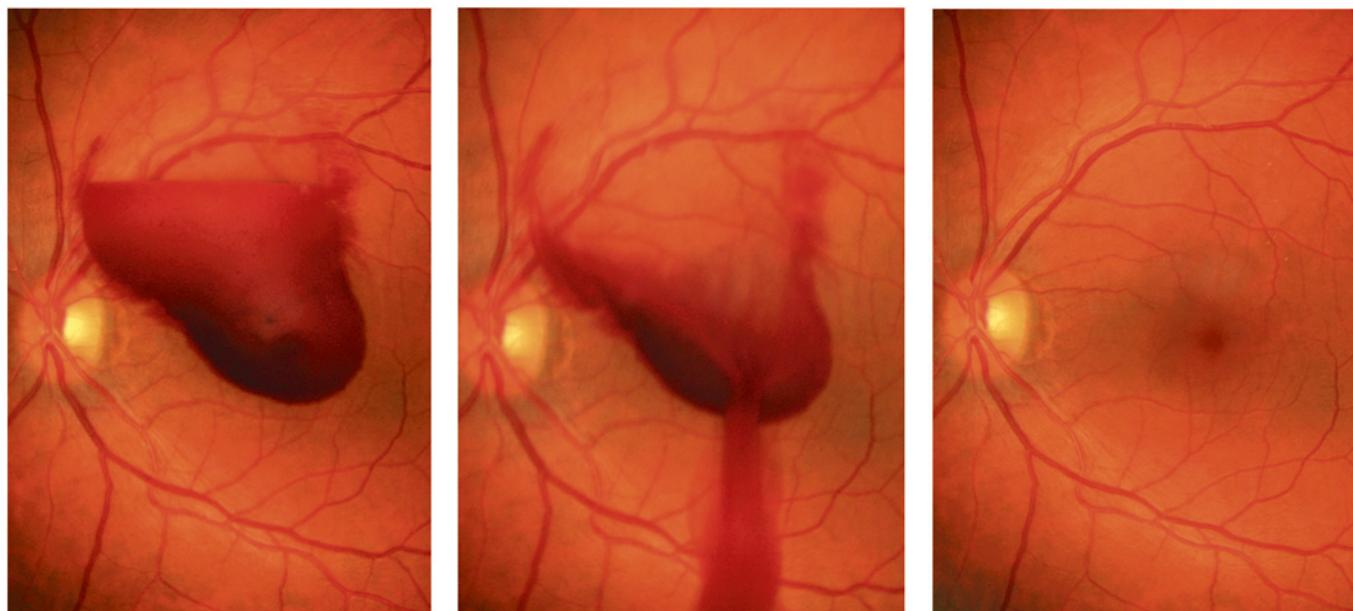


Laser treatment of premacular haemorrhage



A formerly healthy man in his forties noticed an acute reduction in the sight of his left eye after an episode of severe vomiting. On examination, a central deficit was found in the visual field of the left eye, and vision was measured as finger counting at 20 cm. Fundoscopy revealed haemorrhage in the macular area. The haematoma was 15 mm² in size and was located in a narrow space between the vitreous body and the retina (left-hand picture).

Two days after the onset of symptoms, membranotomy was performed with the aid of a neodymium YAG laser. With the patient sitting in front of a slit-lamp, the laser beam was directed into the eye via a contact lens and then through the pupil to the membrane which formed the anterior boundary of the haematoma. By applying a laser pulse to the lower portion of the haematoma, a hole was made in the vitreous membrane through which blood immediately ran into the vitreous body and down into the bottom of the eye (middle picture). A few minutes after treatment, the patient indicated that his vision was normalising, and at a check-up

eight weeks later there were normal findings on fundoscopy (right-hand picture). Vision was then 1.25.

Premacular haemorrhage may be induced byValsalva, as in our patient, or it may be caused by diabetic retinopathy, retinal vein occlusion, vascular malformation or trauma. Laser membranotomy offers swift, effective treatment for restoring vision when haemorrhages of this nature occur (1, 2).

The patient has consented to the publication of the article.

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Litteratur

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