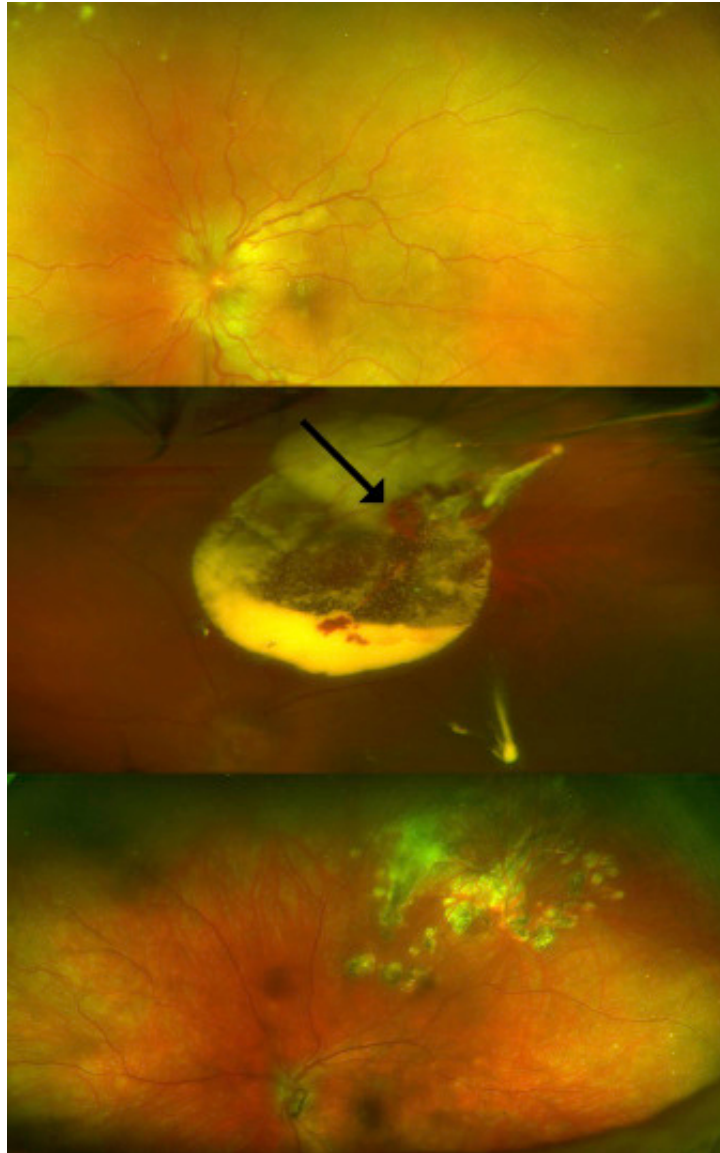


Inadvertent Globe Penetration with Posterior Sub-Tenon Triamcinolone Injection and Subsequent Laser Barricade



A 28-year-old man with uncontrolled Vogt-Koyanaga-Harada disease on oral immunomodulatory therapy presented from an outside clinic for sudden decreased vision after receiving posterior sub-Tenon's triamcinolone for persistent intraocular inflammation, demonstrated by optic disc edema and macular serous retinal detachment (top). His visual acuity dropped from counting fingers to hand motions after posterior sub-Tenon's triamcinolone. Fundus examination (middle) suggested a

diagnosis of iatrogenic needle penetration (black arrow) with surrounding vitreous and retinal hemorrhages. Inferior to the penetration site, a fluid–steroid interface reveals subretinal and subhyaloid triamcinolone. Laser retinopexy was performed after consideration of surgical options. Retinal findings resolved without further intervention. At 1 year of follow-up with ongoing treatment for Vogt-Koyanaga-Harada disease, his visual acuity was 20/50 with attached retina, chorioretinal scars, and controlled ocular inflammation (bottom).