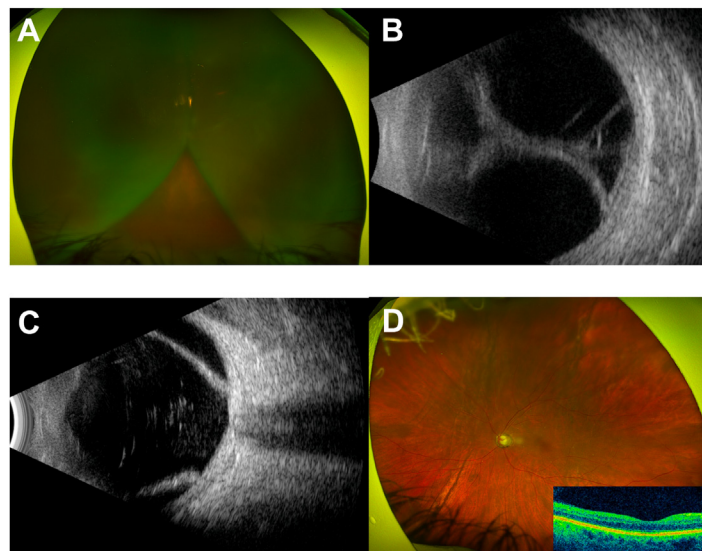


Pictures & Perspectives



Intracameral C3F8 for Appositional Serous Choroidal Detachments

A 71-year-old pseudophakic woman with history of failed trabeculectomy and recurrent herpes simplex virus keratouveitis presented with hypotony and deep anterior chamber. Vision was light perception, and intraocular pressure was unreadable. Fundus photography and ultrasonography (**A**, **B**) at presentation confirmed appositional serous choroidal detachments. After 2 weeks on difluprednate 0.05% and atropine 1% therapy without improvement, 0.4 mL pure C3F8 was placed intracamerally, and the patient was instructed to remain supine so that bubble expansion would posteriorly rotate the ciliary body and block aqueous outflow, increasing intraocular pressure. At 48 hours, the bubble filled 40% of the anterior chamber, pressure was 24, and repeat ultrasonography showed marked improvement (**C**). At day 10, there was complete resolution of the choroidal detachments, pressure of 13, and visual acuity of 20/40 (baseline). OCT was flat without macular edema (**D**). (Magnified version of Figure **A-D** is available online at www.opthalmologyretina.org).

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Footnotes and Disclosures

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