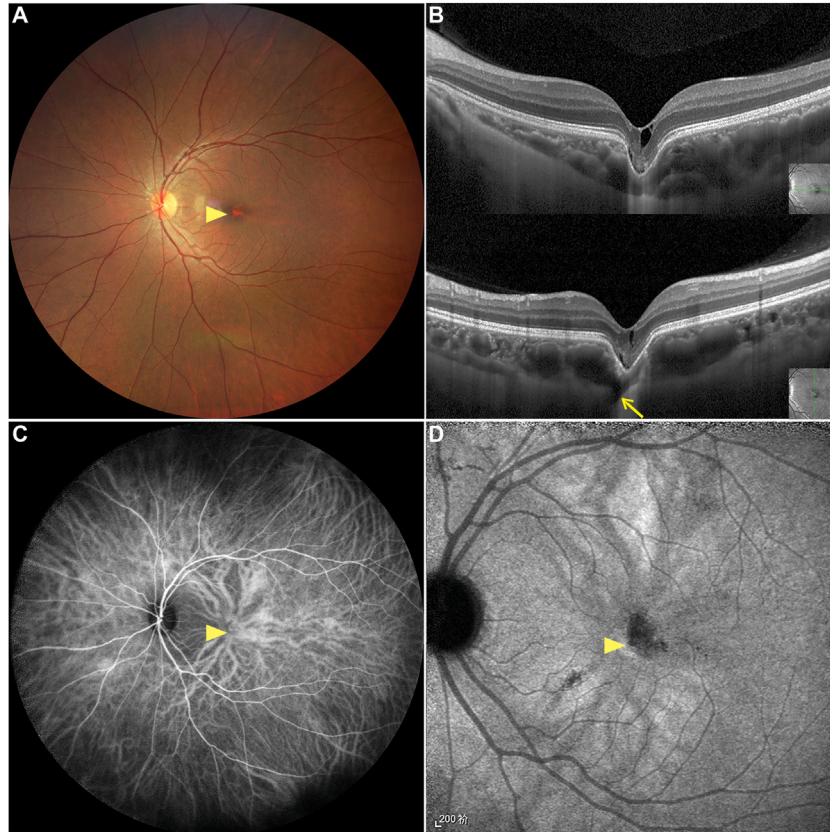


13. Nazari H, Emerson G, Tang PH. Intractable pain and diplopia after scleral buckle surgery. *Retin Cases Brief Rep.* 2023;17:41–43.
14. Foster RE, Meyers SM. Recurrent retinal detachment more than 1 year after reattachment. *Ophthalmology.* 2002;109:1821–1827.
15. Lee E, El Housseini Z, Steel DH, Williamson TH. An analysis of the outcomes for patients with failed primary vitrectomy for rhegmatogenous retinal detachment. *Graefes Arch Clin Exp Ophthalmol.* 2014;252:1711–1716.
16. Baba T, Tatsumi T, Oshitari T, Yamamoto S. Four cases of rhegmatogenous retinal detachment that recurred more than 10 years after initial reattachment by pars plana vitrectomy. *Case Rep Ophthalmol.* 2021;12:219–226.

## Pictures & Perspectives

---



### Subfoveal Focal Choroidal Excavation with Macular Vortex Vein

A 29-year-old woman lost vision (20/100) gradually in her left eye over 2 years. Fundus photography revealed retinal pigment epithelium abnormalities at the fovea (A, arrowhead). OCT showed subfoveal focal choroidal excavation (FCE) with intraretinal cystoid spaces and a vortex vein (B, arrow) penetrating the sclera, exiting the eyeball, and coursing opposite to the FCE. Widefield indocyanine green angiography confirmed a macular vortex vein (MVV) ampulla at the fovea in the FCE area (C, arrowhead). Late-phase indocyanine green angiography showed reversed imaging of MVV and hypofluorescence in the FCE area (D, arrowhead). The outlet of the MVV on the sclera may weaken scleral support and cause FCE. (Magnified version of Figure A-D is available online at [www.ophtalmologyretina.org](http://www.ophtalmologyretina.org)).

GUIQIN HE, MD  
XIONGZE ZHANG, MD, PhD  
FENG WEN, MD, PhD

State Key Laboratory of Ophthalmology, Zhongshan Ophthalmic Center, Sun Yat-sen University, Guangdong Provincial Key Laboratory of Ophthalmology and Visual Science, Guangdong Provincial Clinical Research Center for Ocular Diseases, Guangzhou, China

---