A Rare Case of Hyphema in Fuchs Heterochromic Iridocyclitis After Peri-bulbar Block for Cataract Surgery

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ABSTRACT: We report a case of 47 year old male patient with Fuchs heterochromic iridocyclitis and cataract in left eye who developed hyphema after peri-bulbar block for cataract surgery. The patient developed Amsler like Sign. It appeared few minutes after Peri-bulbar block following digital massage before any instrumentation of the globe. Surgery was post-poned to rule out globe perforation or any other pathology for Anterior Chamber bleed. All possible causes were ruled out and patient was eventually taken up for Cataract Surgery which was uneventful without any intra-op or post-op complications.

KEYWORDS: Amsler Sign; Fuchs heterochromic Iridocycliti; Hyphema; Peri-bulbar block

INTRODUCTION
Fuch’s heterochromic uveitis (FUH) is a classic triad of iris heterochromia; cataract, usually posterior subcapsular; and uveitis, usually unilateral, anterior and chronic[1]. Patients with chronic FUH often remain asymptomatic and usually do not present to the ophthalmologist until significant cataract develops leading to decreased vision. We report a case of FUH with very mild heterochromia who developed hyphema pre-operatively at the time of peribulbar block and was eventually well managed.

CASE REPORT
A 38-year-old male presented with decreased vision in left eye (OS) for the last 6 months; there were no other associated ocular complaints. On ocular examination OS, visual acuity was perception of light in all four retinal quadrants, gonioscopy and pupillary reactions were normal and on dilated slit lamp biomicroscopy, there were diffuse stellate keratic precipitates (figure-1), very mild hypochromic heterochromia of iris along with total cataract. The patient is on Amsler Sign; Fuchs heterochromic Iridocycliti; Hyphema; Peri-bulbar block

DISCUSSION
Hyphema is a common association of FUH; it has been reported to occur with applanation tonometry, gonioscopy[2], after trivial non-penetrating trauma[2]; and in context of cataract surgery, intraoperatively and rarely pre-operatively with peribulbar anaesthesia and digital massage[3], Amsler-Verrey Sign, first described by Dr. Marc Amsler and Dr. Florian Verrey in 1946, is characterized by hyphema after AC paracentesis and is hallmark of FUH[4]. However literature regarding the origin of hyphema in FUH is contradictory; on one hand there is evidence for presence of abnormal vasculature within iris stroma and anterior chamber angle,
these abnormal vessels are fragile and likely to bleed following a sudden drop in IOP, which can occur after paracentesis or after peribulbar block and digital massage\(^5\); on the other hand, it is established that more often there is no link between occurrence of hyphema and gonioscopic or histopathological findings in eyes with FHU\(^6\).

In most cases of FHU, progressive iris stromal atrophy leads to heterochromia and visibility of vessels at peripheral iris; however, in our patient there were no signs of iris atrophy or abnormal vessels in angle, the heterochromia was also subtle; the clues to diagnosis were signs of chronic anterior uveitis and cataract disproportionate to age and laterality. Clinical diagnosis in such cases is likely to get missed without a strong suspicion for this often-overlooked syndrome; we agree to Kang M et al. that unilateral cataract in young patients without history of ocular surgery should raise suspicion of FHU\(^7\).

CONCLUSION

Hyphema after peribulbar block following digital massage in FHU has not been widely reported and is likely to occur even in the absence of fragile vessels on gonioscopy, as in our case. A strong suspicion and careful planning can help in managing pre and intraoperative bleeding thus resulting in an uneventful outcome.

Conflict of Interest: Authors state no conflict of interest.

Informed Consent and Human and Animal Rights: Informed consent has been obtained from all individuals included in this study.

Authorization for the use of human subjects: Ethical approval: The research related to human use complies with all the relevant national regulations, institutional policies, is in accordance with the tenets of the Helsinki Declaration, and has been approved by the Ethics Committee of BPS GMC for women Khanpur kalan.

REFERENCES

Legends:

Figure-1: Slit lamp picture of left eye showing diffuse stellate keratic precipitates

Figure-2: Image showing 2mm hyphema along the inferior margins after peri-bulbar block before any instrument touching the globe