

## Ophthalmic Images

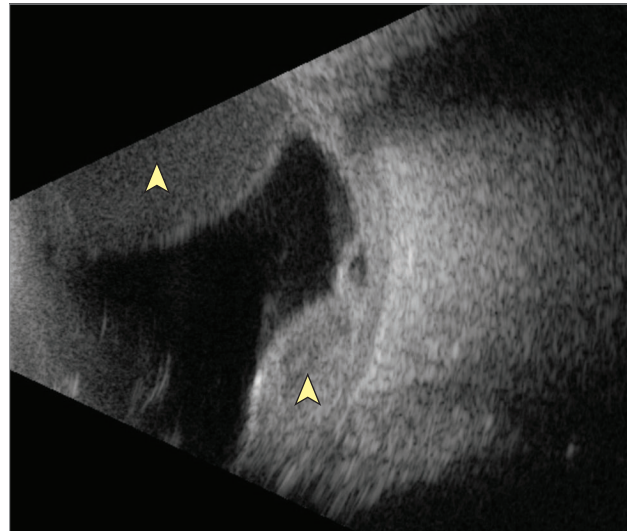
## Choroidal Detachment After Intravitreal Injection of Faricimab

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A Fundus photography



B B-scan ultrasonography



**Figure.** Suprachoroidal hemorrhage after intravitreal faricimab injection with a 30-gauge needle. A, Fundus widefield pseudocolor photograph at day 1 after intravitreal injection of faricimab demonstrates a new choroidal detachment (arrowheads) and preexisting macular atrophy and drusen. B, Ophthalmic B-scan ultrasonography demonstrates that the choroidal detachment has underlying hyperechogenic material (arrowheads), suggesting a hemorrhagic process.

**A 70-year-old White emmetropic female patient** with neovascular age-related macular degeneration had received aflibercept intravitreal injections without complications over years. One day after an uneventful first injection of faricimab using a superonasal pars plana approach and a 30-gauge needle, she presented with pain and a subjective visual field defect. She had stable visual acuity of 20/400 OS, hypotony (intraocular pressure of 3 mm Hg), and a suprachoroidal hemorrhage (SCH) (Figure). Patching and

application of tobramycin-dexamethasone ophthalmic ointment were recommended. The hypotony resolved within days, and the SCH resolved 2 months after injection. Visual acuity remained 20/400 OS. Suprachoroidal hemorrhages after intravitreal injections using small-gauge needles have been reported but are rare.<sup>1-3</sup> Risk factors for SCH include anticoagulation<sup>4</sup> and high myopia,<sup>5</sup> but these were not present in this patient, where postinjection ocular hypotony may have been the initial event leading to rupture of ciliary artery branches<sup>6</sup> with subsequent SCH. This limited, nonappositional case of SCH resolved without surgery.



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## ARTICLE INFORMATION

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