Ophthalmic Images

Hypotony Maculopathy Associated With Extruded Fluocinolone Acetonide Intravitreal Implant

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A External clinical examination

B Optical coherence tomography

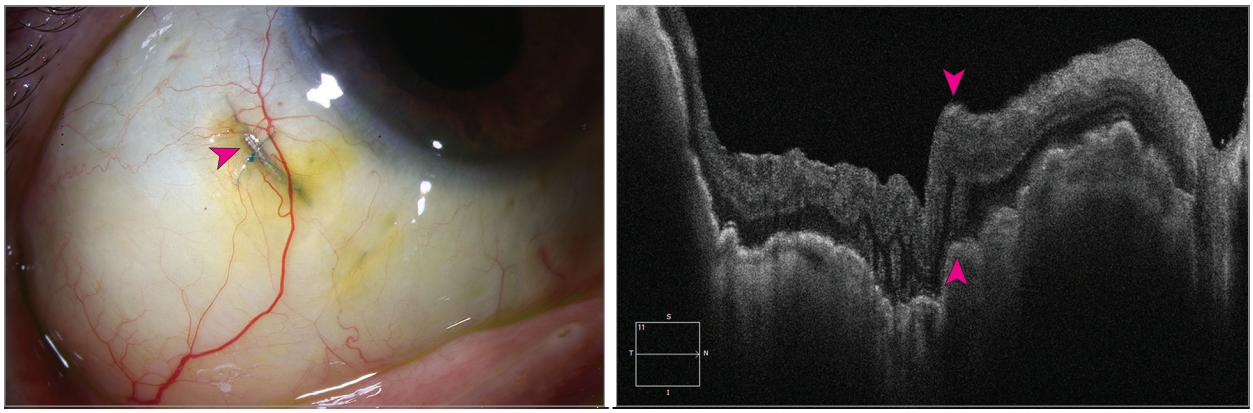

Figure. Extruded fluocinolone acetonide implant. A, External photograph showing extrusion of the fluocinolone acetonide implant with anchor suture in the inferotemporal quadrant (pink arrowhead). B, Optical coherence tomography showing extensive chorioretinal folds consistent with hypotony maculopathy (pink arrowheads).

A patient in their late sixties with advanced and active birdshot chorioretinopathy who underwent placement of a fluocinolone acetonide, 0.59 mg, intravitreal implant (Retisert; Bausch and Lomb) in their right eye 9 years ago and was receiving prednisone, mycophenolate mofetil, and infliximab-dyyb treatment presented with painless, decreased vision in the right eye. They denied any history of trauma or other ocular symptoms. Best-corrected visual acuity (VA) was 20/500 OD and 20/20 OS, and intraocular pressure (IOP) was 2 mm Hg and 14 mm Hg in the right and left eye, respectively. Examination revealed extrusion of the fluocinolone acetonide intravitreal implant (**Figure**, A), 2+ anterior-chamber cell,[1] 1+ vitreous cell,[2] and diffuse chorioretinal folds (Figure, B). The patient underwent pars plana vitrectomy with explantation of the implant. Two months later, VA with pinhole improved to 20/50 OD, IOP increased to 11 mm Hg, the anterior-segment and vitreous inflammation had resolved, and chorioretinal folds improved. This case highlights the fact that spontaneous fluocinolone acetonide intravitreal implant extrusion can rarely occur.

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ARTICLE INFORMATION

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REFERENCES

1. Jabs DA, Nussenblatt RB, Rosenbaum JT; Standardization of Uveitis Nomenclature (SUN) Working Group. Standardization of uveitis nomenclature for reporting clinical data—results of the first international workshop. *Am J Ophthalmol*. 2005;140(3):509-516. doi:10.1016/j.ajo.2005.03.057

2. Kempen JH, Altaweel MM, Holbrook JT, Jabs DA, Sugar EA; Multicenter Uveitis Steroid Treatment Trial Research Group. The multicenter uveitis steroid treatment trial: rationale, design, and baseline characteristics. *Am J Ophthalmol*. 2010;149(4):550-561.e10. doi:10.1016/j.ajo.2009.11.019