

# Dealing with silicone oil complication

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## ABSTRACT

Silicone oil (SO) is chemically inert, stable for an extended period of time, with a specific gravity (slightly less than water), transparent, with a refractive index similar to that of the vitreous and easy to remove with high surface tension and viscosity. A 38-year-old gentleman with high myopia and history of left eye treated rhegmatogenous retinal detachment (RRD) in 2015 presented with right eye (RE) RRD with macula off in February 2022. He underwent trans-pars plana vitrectomy (TPPV)/ endolaser (EL)/ SO 5000 cs endotamponade infusion. Unfortunately, one week post removal of SO he had RE retinal re-detachment and immediately went for scleral buckle (SB)/phacoemulsification/ Intra-ocular Lens implantation/ TPPV/ EL/ SO. However, post-surgery he developed SO induced raised IOP with a range of 24-40mmHg even though already on four anti-glaucoma and oral acetazolamide. Trans-scleral cyclophotocoagulation laser 180 degree inferiorly and second attempt of SO removal done nevertheless IOP persistently on the higher site. Hence, he underwent RE glaucoma drainage devices (GDD) implantation and anterior chamber (AC) washout. Post GDD implantation, his IOP were under controlled (IOP range 15–18 mmHg) with one anti-glaucoma. Complications that come up from the use of SO in vitreoretinal surgery are generally temporary and benefit from adequate management, whether medical or surgical. Removal of SO from the eye is usually performed promptly within 3 to 6 months of its placement to avoid or reverse these complications.