

# Case Study 9

## Shallow Retinal Detachment

AH is a 57-year-old Indian woman who presented to an oculoplastic specialist with the complaints of intermittent pain around her left eye. She also mentioned a “curved reflection” noticed intermittently in her upper outer quadrant of vision. Ocular examination including fundus inspection was described as normal. A CT scan was read as normal, and she was referred for echography to eliminate myositis or other orbital inflammatory processes.

Orbital A-scan showed only a few low ethmoid sinus signals felt to be most consistent with mild mucous membrane swelling. B-scan detected a shallow inferior nasal retinal detachment (Fig. 1), and she was referred to the retina service for management.

Pain in or around the eyes is one of the most common patient complaints in any ophthalmologic or optometric practice. This symptom is often hard to characterize even after a detailed history is taken and a careful examination is performed. This is especially true if the symptoms are intermittent and not present at the time of the consultation. The practitioner must decide how vigorously to pursue the diagnostic workup. Imaging studies, such as CT and MRI scans, are expensive and often require

the patient to take several hours out of a busy schedule to undergo the test. Echography provides a rapid and cost-effective method to efficiently screen for ocular and orbital causes of the pain. Such entities as scleritis, myositis, pseudotumor, subperiosteal abscess and hemorrhage, mucocles, sinusitis, optic neuritis, orbital and lacrimal tumors, and dacryoadenitis are readily detectable by echography.

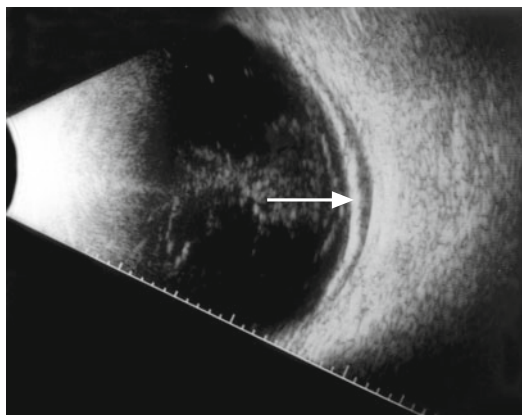


FIG. 1 B-scan of shallow retinal detachment (arrow)