

A grayscale fundus photograph of a human eye. The optic disc is visible on the right side, with a network of retinal vessels radiating from it. The macula is located in the center-left area. The overall image is circular and has a dark background.

CASO CLÍNICO

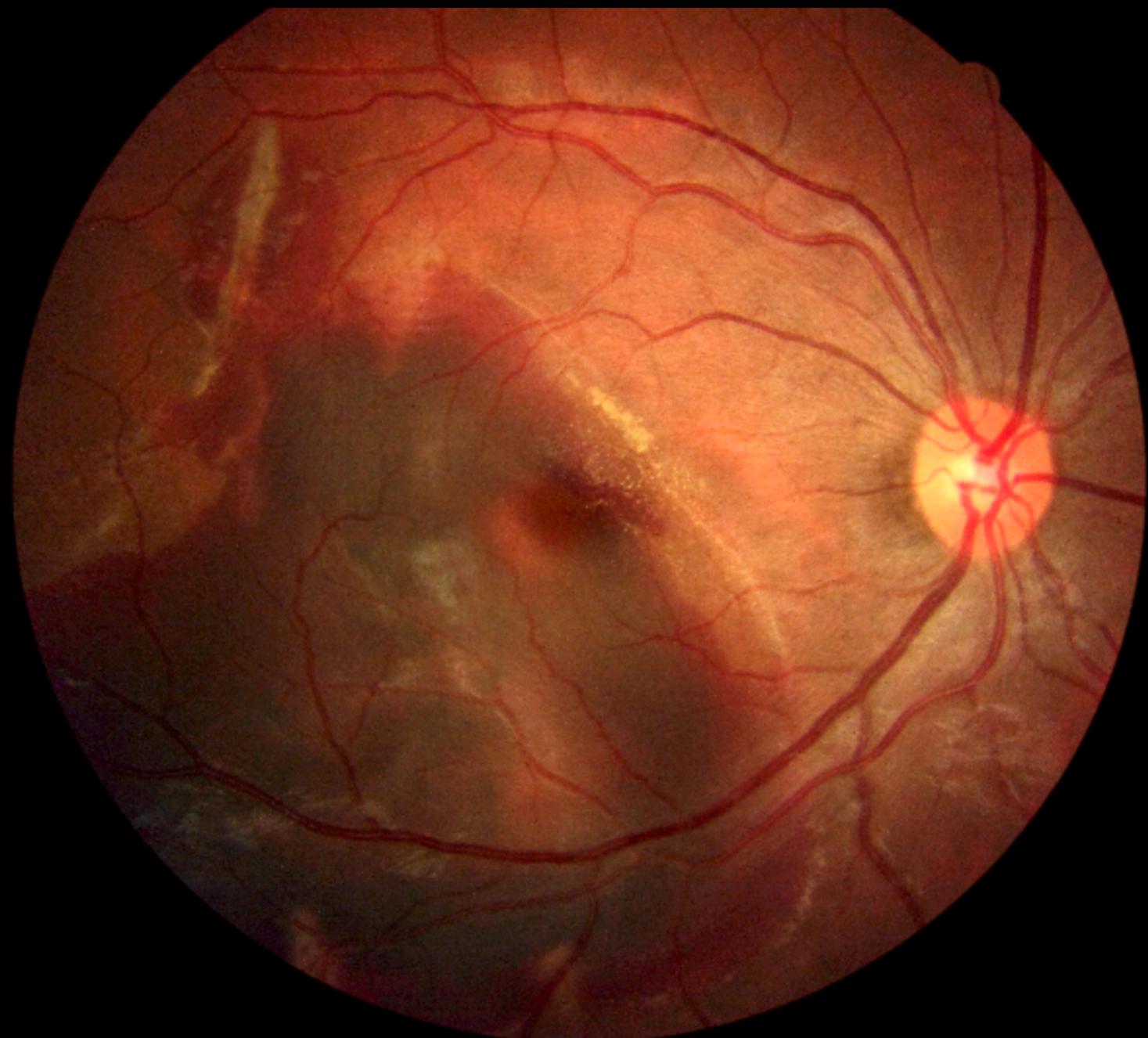
E1 THAÍS BASTOS

CASO CLÍNICO

- 29 ANOS, feminino
- Trauma contuso em OD há 1 semana, associado a BAV desde então
- AP e AO: ndn

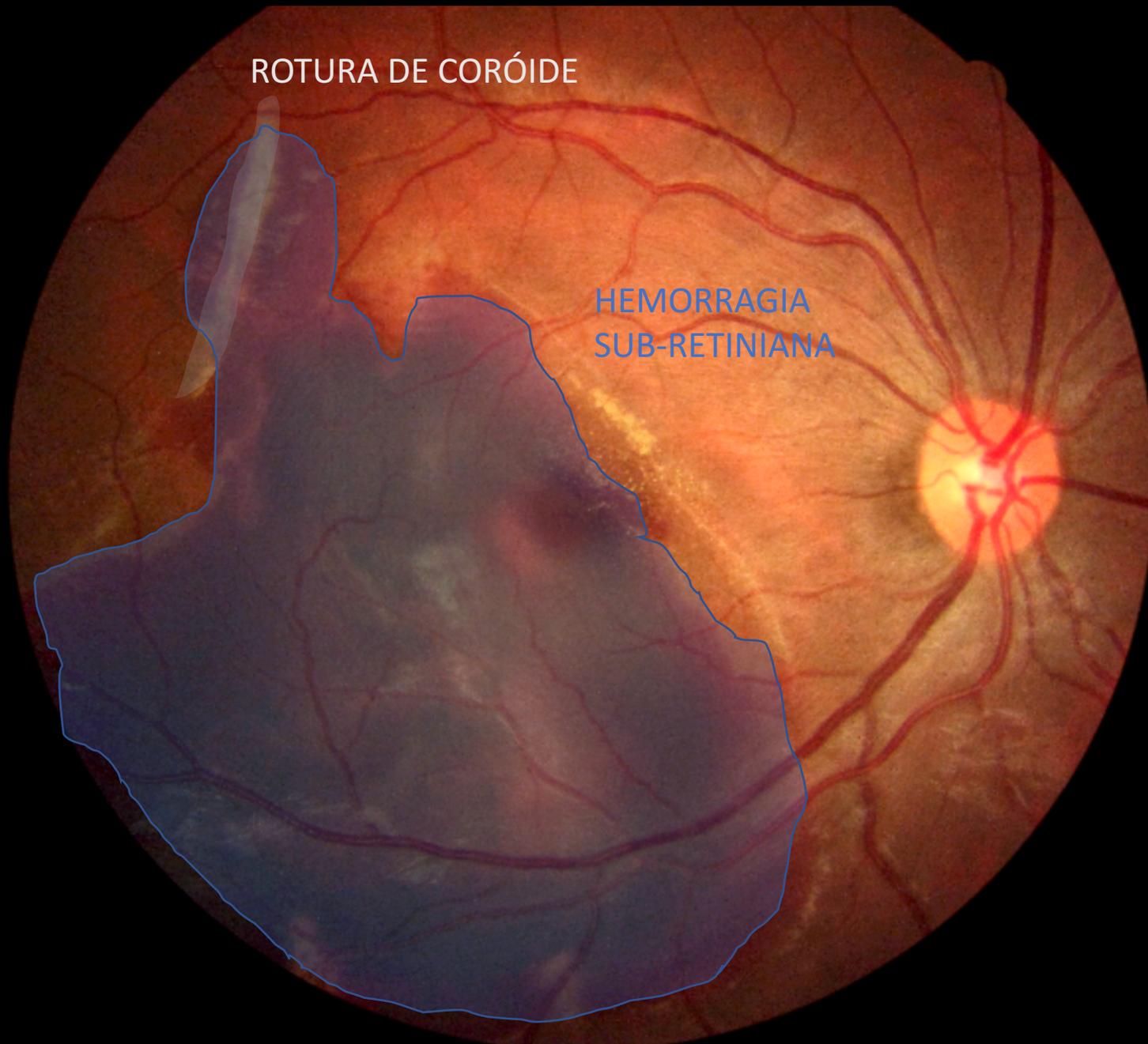
EXAME

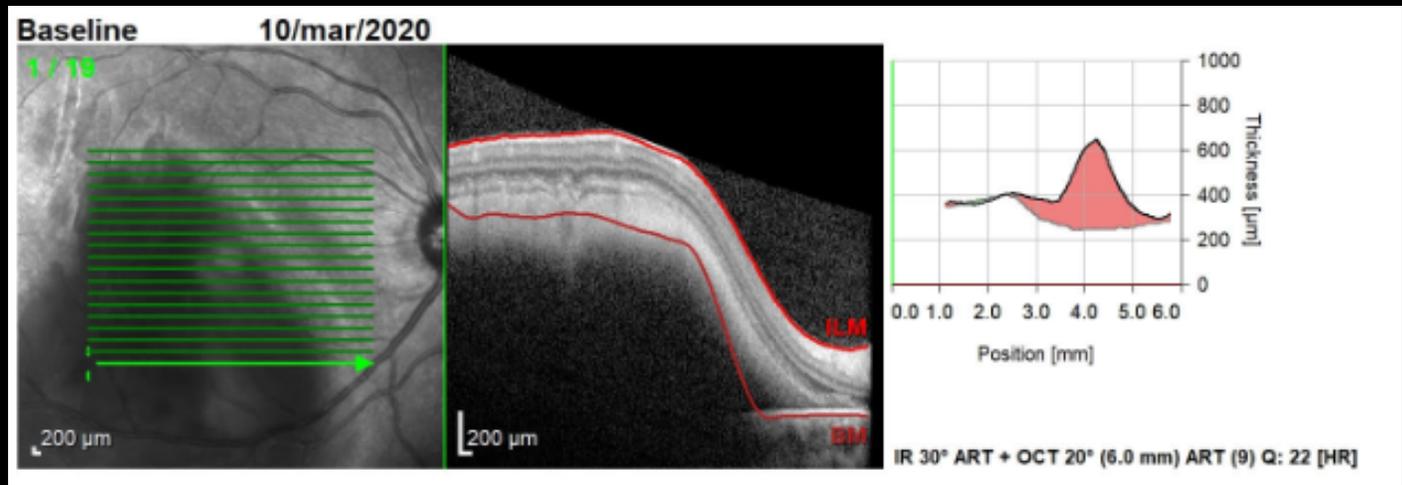
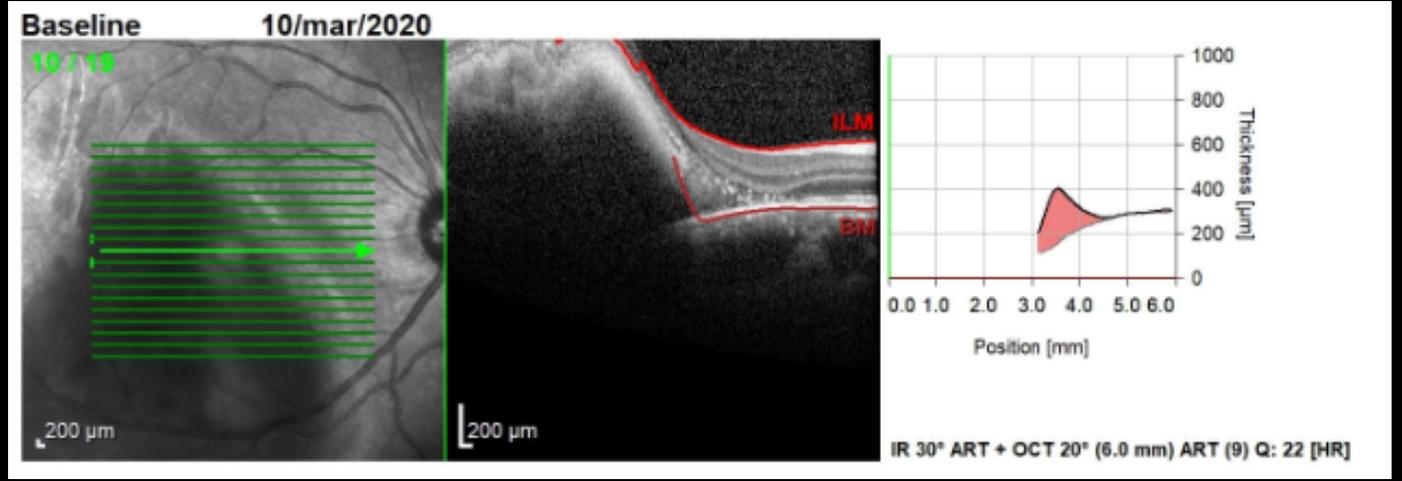
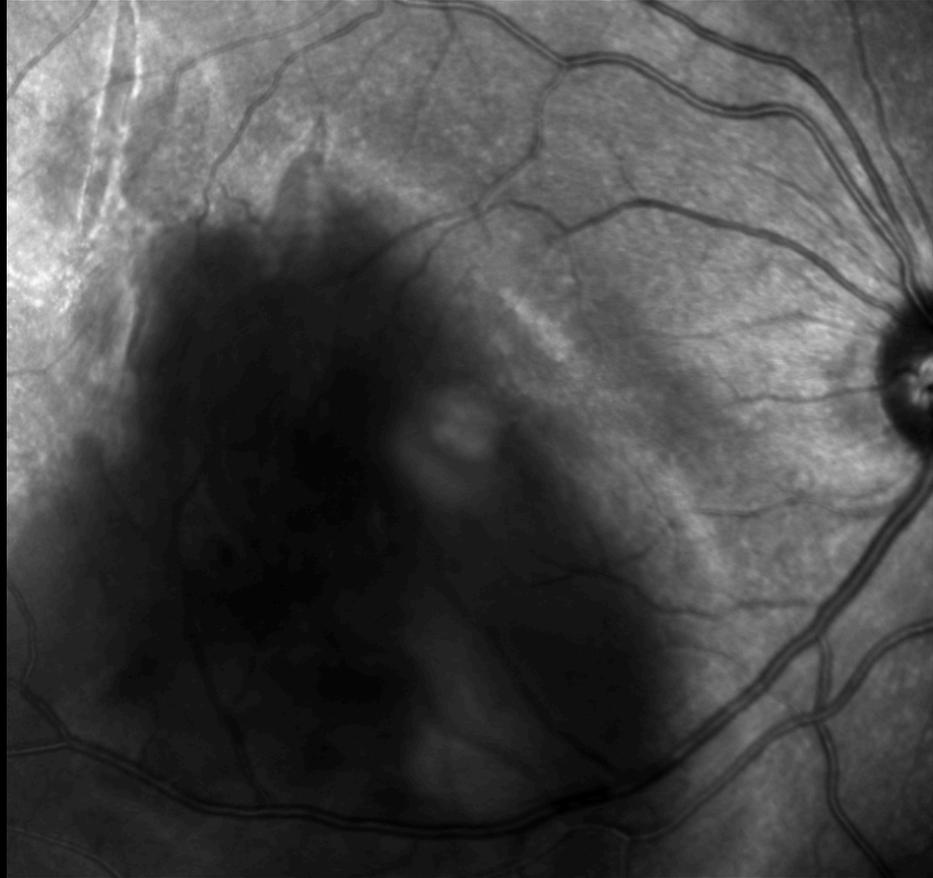
- AV: CD 1m
20/20
- BIO: sem alterações



ROTURA DE CORÓIDE

HEMORRAGIA
SUB-RETINIANA

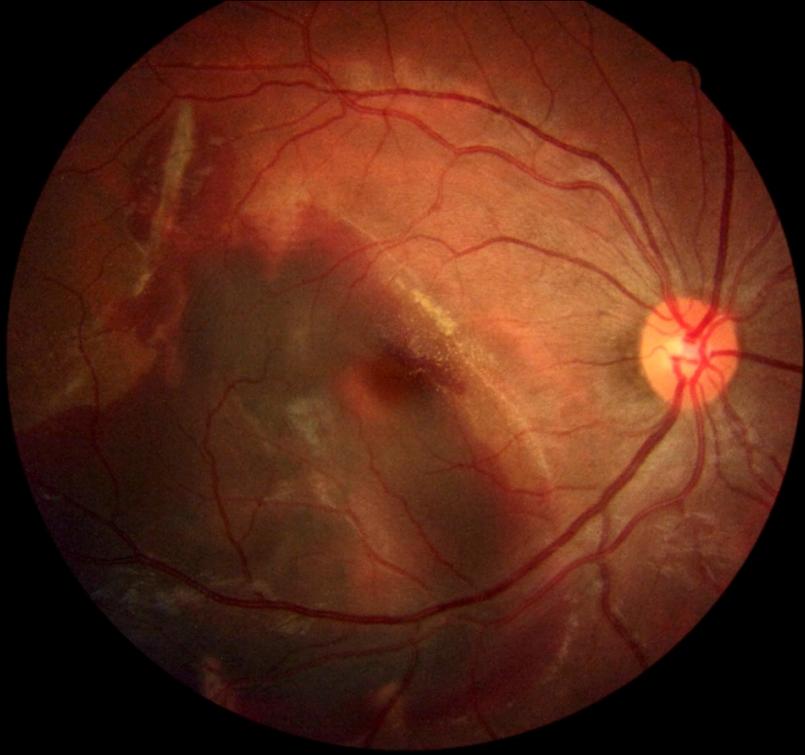




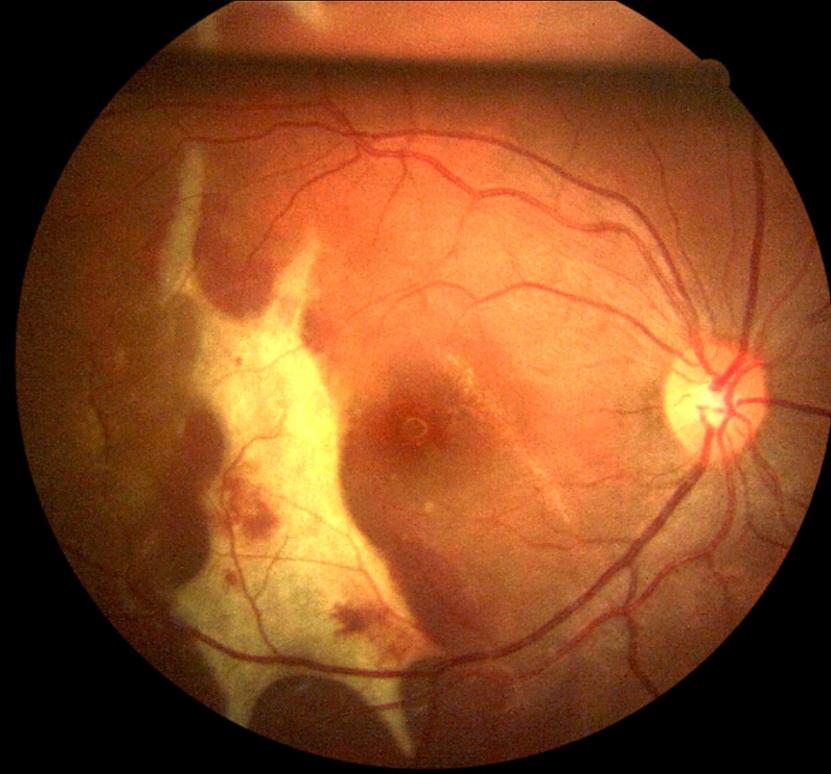
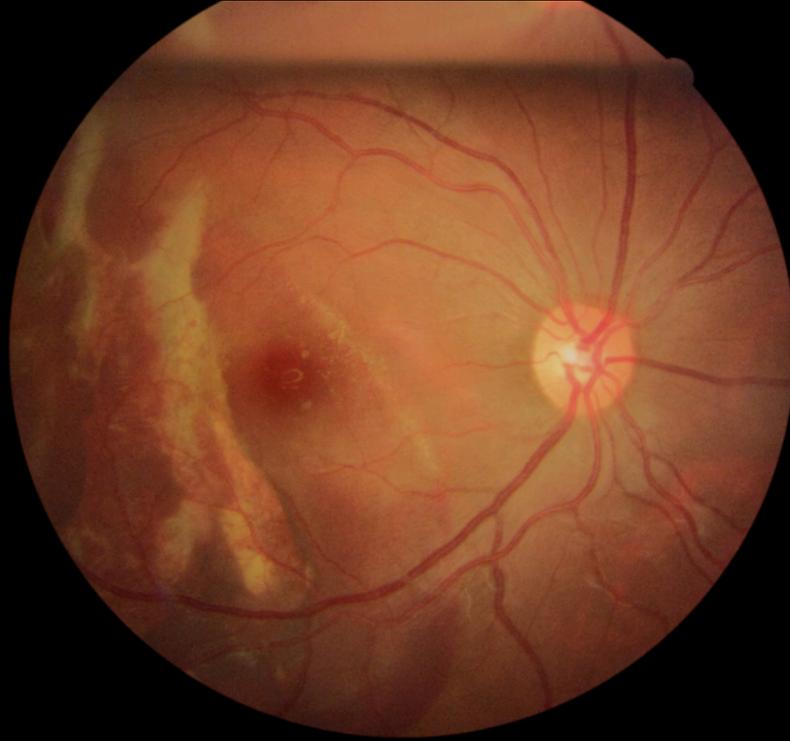
CONDUTA

- LASER 360⁰
- INJEÇÃO IV de 0,3 ml de C3F8 100%
- FACE DOWN

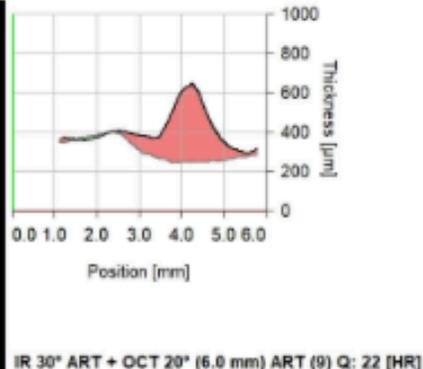
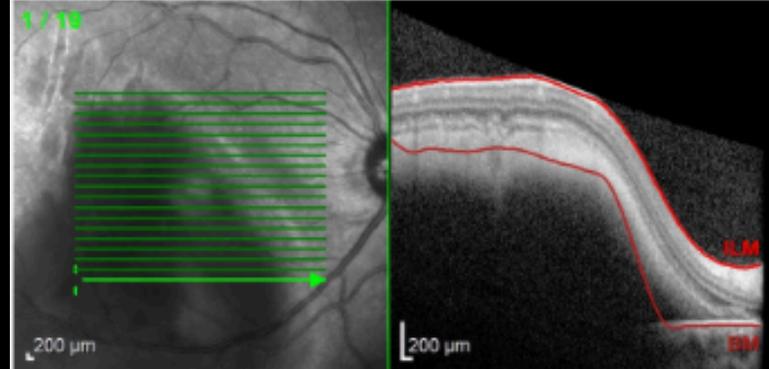
7° DIA



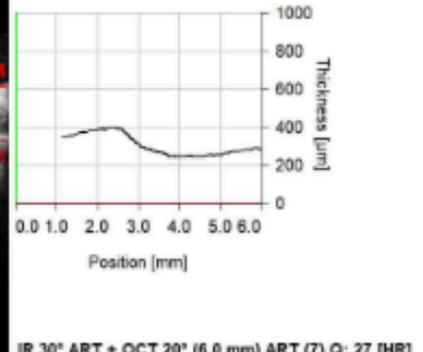
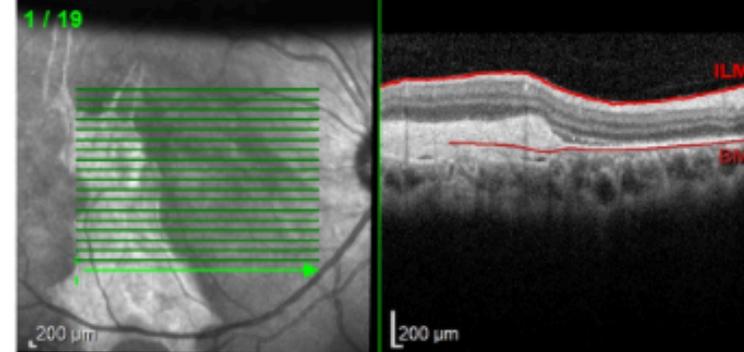
20° DIA



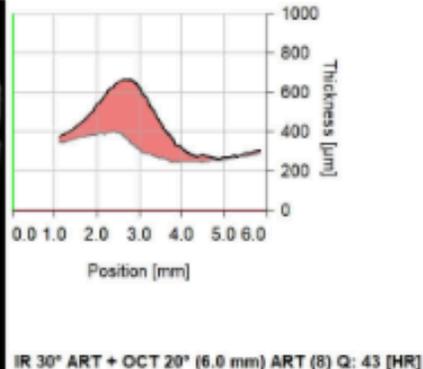
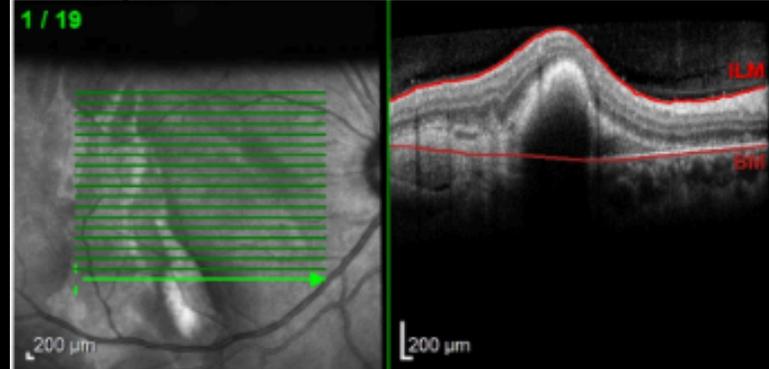
Baseline 10/mar/2020



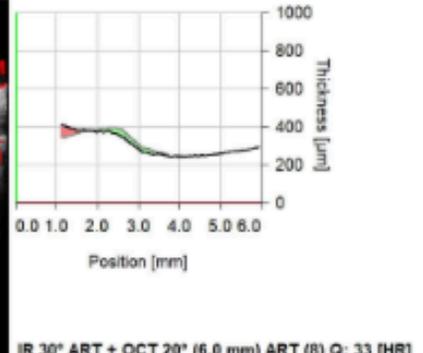
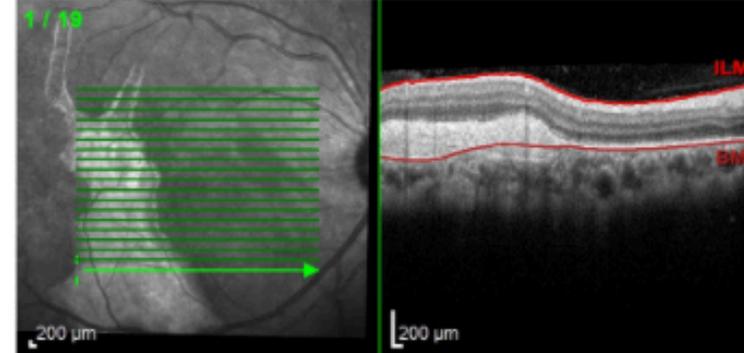
Reference 31/mar/2020



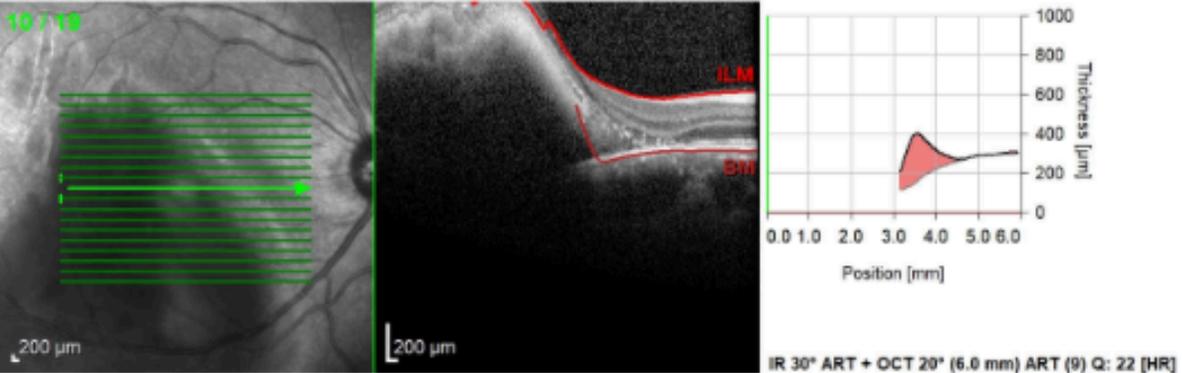
Follow-Up #1 17/mar/2020



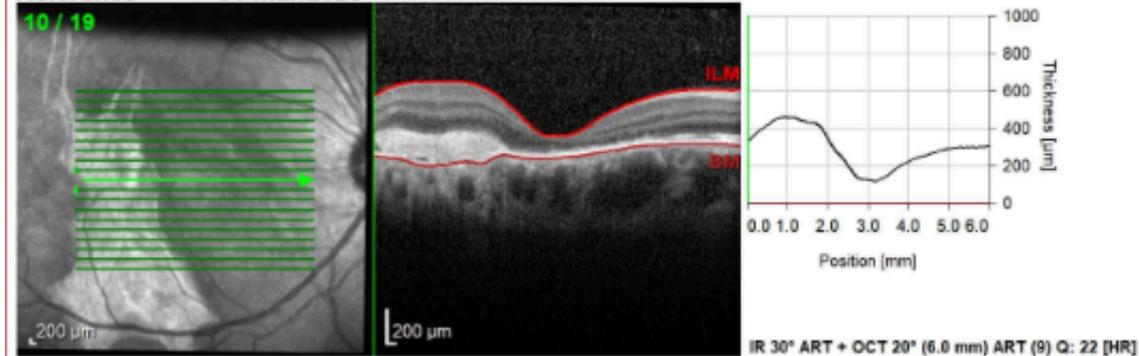
Follow-Up #3 14/abr/2020



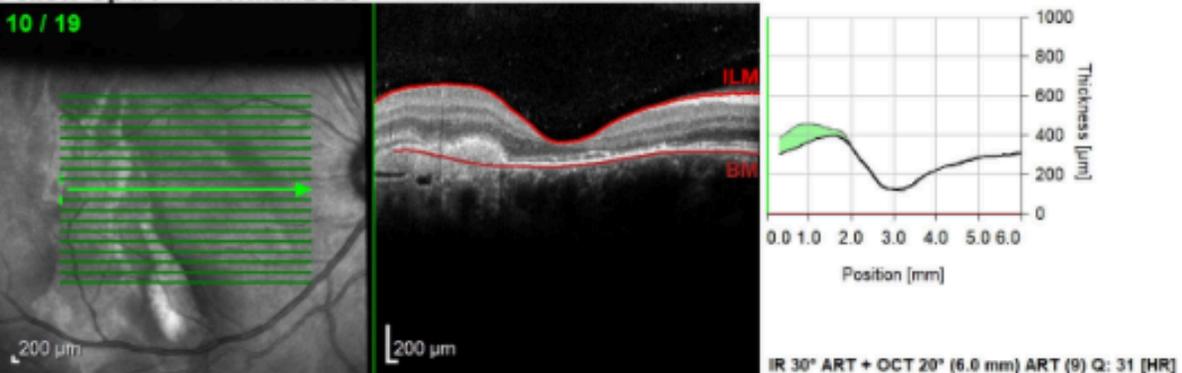
Baseline 10/mar/2020



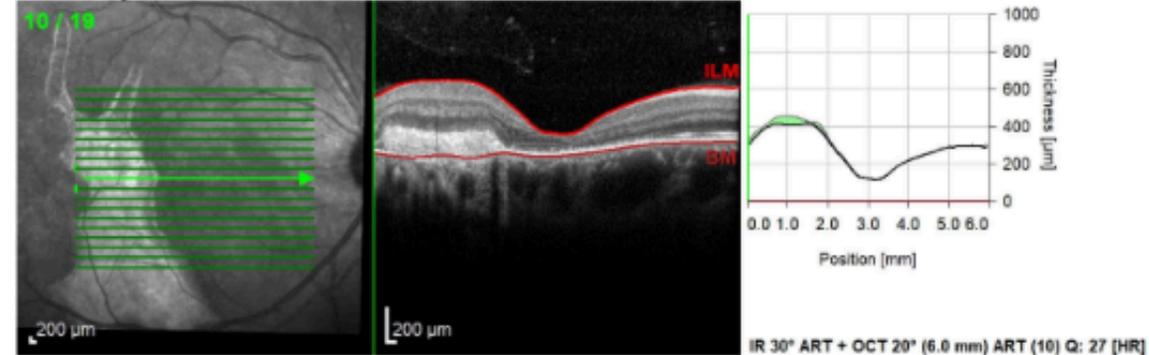
Reference 31/mar/2020



Follow-Up #1 17/mar/2020



Follow-Up #3 14/abr/2020



EVOLUÇÃO

- 30⁰ DIA
- AV: 20/50

PORÉM,

- 19^o PO – TVP MID
- Associação com C3F8?
- Repouso e posição de cabeça?
- Coincidência?

International Journal of Retina and Vitreous

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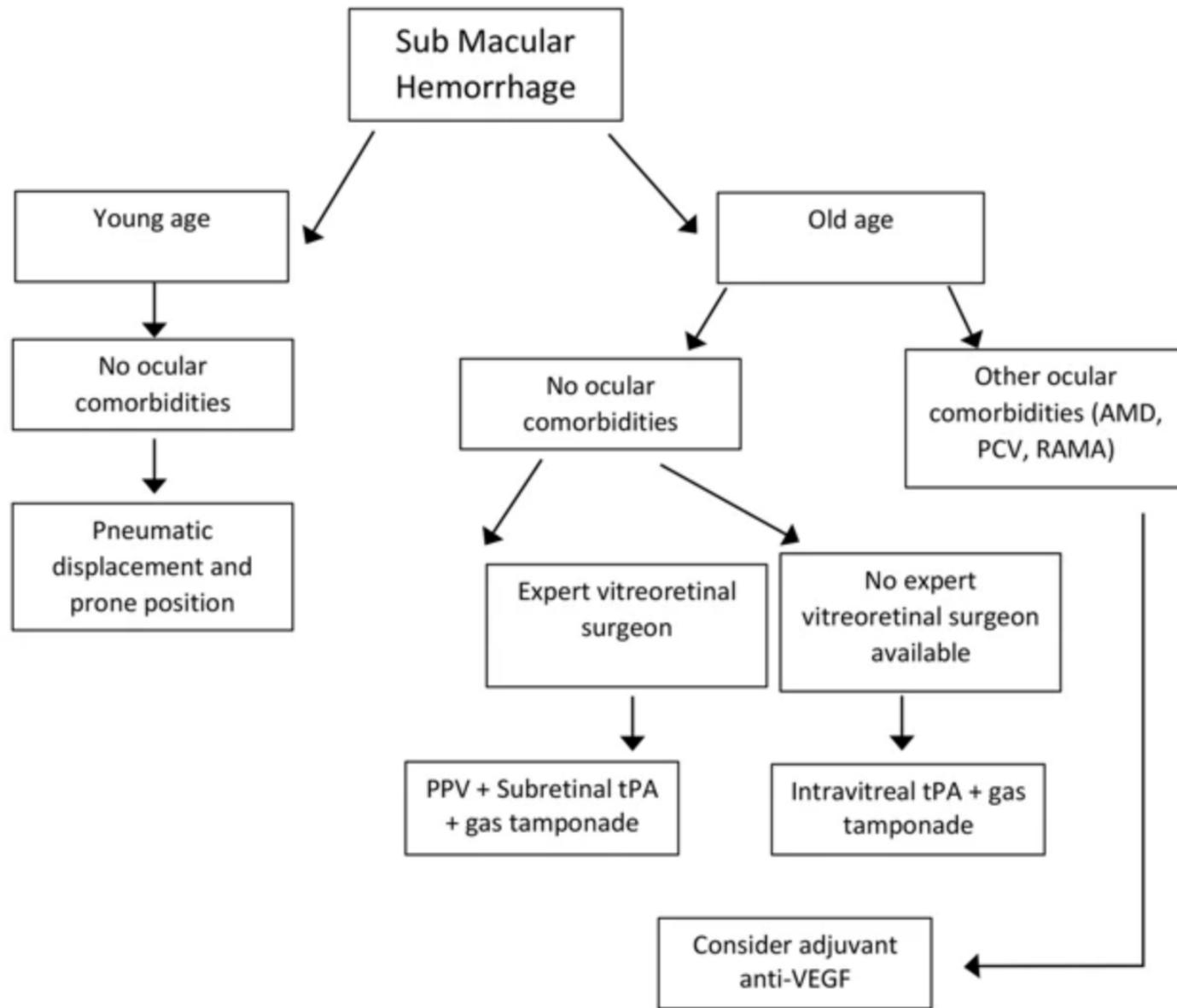
Traumatic submacular hemorrhage: available treatment options and synthesis of the literature

[Giamberto Casini](#), [Pasquale Loiudice](#) , [Martina Menchini](#), [Francesco Sartini](#), [Stefano De Cillà](#), [Michele Figus](#) & [Marco Nardi](#)

International Journal of Retina and Vitreous **5**, Article number: 48 (2019) | [Cite this article](#)

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Fig. 2



AMD = age-related macular degeneration; PCV = polypoidal choroidal vasculopathy; PPV = pars plana vitrectomy; RAMA = retinal arteriosus macroaneurysms; tPA = tissue plasminogen activator; VEGF = vascular endothelial growth factor

Case Reports and Small Case Series

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September 2000

Pulmonary Embolism Following Head Positioning for Retinal Reattachment Surgery in a Young Patient With Factor V Leiden Mutation

Kah-Guan Au Eong, MMed(Ophth), FRCS; Stephen Beatty, MMed(Ophth), FRCOphth; Wilson Thomas, MRCP, MD; [et al](#)

Article Information

Arch Ophthalmol. 2000;118(9):1296-1298. doi:

[Eye \(Lond\)](#). 2011 Feb; 25(2): 253.

PMCID: PMC3169225

Published online 2010 Dec 3. doi: [10.1038/eye.2010.181](https://doi.org/10.1038/eye.2010.181)

PMID: [21127504](https://pubmed.ncbi.nlm.nih.gov/21127504/)

British and Eire Association of Vitreoretinal Surgeons (BEAVRS)-based survey on venous thromboembolism (VTE) prophylaxis in vitreoretinal (VR) surgery

[S Waqar](#)¹ and [E Doyle](#)^{1,*}

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Sir,

Venous thromboembolism (VTE) is an important cause of death in hospital patients. The House of Commons Health Committee¹ reported that around 25 000 people die from preventable hospital-acquired VTE every year. A UK survey suggested that 71% of patients at risk of developing deep vein thrombosis (DVT) did not receive any form of VTE prophylaxis.² Recent NICE guidance³ did not specifically address ophthalmology patients, **but advised to not routinely offer VTE prophylaxis to patients having surgery under local anaesthesia (LA) without limitation of mobility.** Although this could include most cataract patients, VR patients due to prolonged operating time/posturing offer a dilemma.

OBRIGADA!

