

## All That Glitters Is Not Always Gold, Sometimes Its Silicone Oil!

**Bhandari Akshay J<sup>1\*</sup> and Mohale Prachi<sup>2</sup>**

<sup>1</sup>Professor, Ophthalmology Department, Pravara Institute of Medical Sciences, Loni, Maharashtra, India

<sup>2</sup>Post Graduate Resident, Ophthalmology Department, Pravara Institute of Medical Sciences, Loni, Maharashtra, India

**\*Corresponding Author:** Bhandari Akshay J, Professor, Ophthalmology Department, Pravara Institute of Medical Sciences, Loni, Maharashtra, India.

**Received:** August 07, 2023; **Published:** September 21, 2023

Silicone oil tamponade has become a standard technique for repair of complex retinal detachments (RDs) with giant retinal tears, proliferative vitreoretinopathy (PVR), viral retinitis and ocular trauma. It is considered a better internal tamponade than sulphur hexafluoride gas (SF<sub>6</sub>) in eyes with advanced PVR, both for anatomic and functional success.

New possible indications are now retinal detachment due to macular hole in highly myopic eye, chronic and persistent macular hole, colobomatous retinal detachment, and chronic uveitis with hypotony. every time a long-term tamponade is required. Silicone oil has in fact the important advantage of determining a long support until the recovery of the retina has occurred. In case of retinal detachment, we usually perform a silicone oil removal after 3 - 6 months.

Postoperative complications included glaucoma, hypotony and keratopathy of eye. Oil removal also is associated with a risk of recurrent RD.

65 year old male patient came to OPD with chief complaints of diminution of vision in (LE) since 6 years. He was treated for (LE) retinal detachment 6 years back with silicone oil tamponade. Patient did not keep the follow up with the ophthalmologist and now has the current presentation.



**Figure:** Inverse hypopyon depicting silicone oil.

**Volume 14 Issue 10 October 2023**

**©All rights reserved by Bhandari Akshay J and Mohale Prachi.**