Spontaneous Detachment of the Choroid

C.M.J.

Velzeboer

Amsterdam

A short report, demonstrating a case of choroidal detachment.

A woman, aged 48 years, with unilateral spontaneous dialysis chorioideae. The abnormality remained practically unchanged after bed rest, puncture of the subchoroidal fluid with electro-coagulation and posterior trepanation with electro-coagulation. The fluid contained 5.81% protein, fibrinous threads and "ghosts" of cells. The detachment disappeared suddenly after 11 months, leaving gross pigmentations in the entire fundus.

The aetiology was discussed, special attention being paid to the rheumatoid arthritis from which the patient was suffering and the gold injections that had been administered therapeutically. (To be published more extensively.)

Discussion.

Zeeman believed that the apparently serous and resorbable character of the retroretinal fluid and the retrochoroidal fluid was evidence of a toxic action on the capillaries and endothelium, clear examples of which had been given by v. Szilg, Poos and Kikai. He had learned from the pharmacotherapeutic vademecum that intoxication phenomena are observed in 33% of cases of gold therapy, and asked therefore whether gold therapy was being continued or had been discontinued at the time recovery was established.

Velzeboer, Spontaneous Detachment of the Choroid 321

Flieringa did not understand why the speaker had made these stubborn therapeutic efforts, when experience teaches that postoperative choroidal detachment practically always heals without treatment. He was therefore not surprised that in this case of spontaneous dialysis of the choroid, recovery did not take place before the treatment had been stopped.

Pannevis: The patient received gold injections on account of rheumatism. Might this not have been the cause of the detachment?

BínkhoIst: Have CSF abnormalities been detected in the patient?

Valk was of the opinion that a subchoroidal accumulation of fluid with a high fibrinogen content, without distinct cellular inflammatory phenomena, may very well have been brought about by an inflammation: slight changes of the vascular walls, suggestive of inflammations, in which the exudate cannot be drained since it is these vessels that would have to absorb the fluid. In the absence of local deterioration of tissue, fibrinous threads do not readily develop. After inflation of air, as described by Professor Weve, and drainage of most of the fluid, a sufficient quantity of tissue is dehydrated to make a fibrinous precipitation possible, which can be organized in a thin layer, so that the choroid remains apposed to the sclera. The proliferation of the pigment cells supports the theory that the gold injections are the aetiological factor, if these cells can be considered to be of ectodermal origin. In gold-dermatosis, hyperkeratosis is also often observed. On the other hand, these pigment cells cannot be phagocytes filled with gold. The persistence of

the abnormality long after discontinuation of gold injections does not invalidate the theory that the gold is the aetiological factor, neither does spontaneous remission.

Van Walbeek, in continuation of Velzeboer's article, reports a case of choroid detachment. This case showed marked dilatation of the iridal vessels, a shallow anterior chamber and choroidal detachment. Internal and neurological examinations revealed no abnormalities. The detachment disappeared gradually and congestion of the fundal vessels developed. Intraocular pressure was too high initially, and increased markedly. Following anticoagulant treatment, retrociliary diathermy was carried out.

This was followed by hyphaema, which necessitated the drainage of blood. The eye then became gradually calm, though intraocular hypertension persisted, in spite of the instillation of pilocarpine.

Velzeboer replied

to Binkhorst: that no lumbar puncture had been carried out.

to Pannevis: that it was possible that the detachment had been caused by the gold injections given on account of the rheumatic affection, but that in respect of the aetiology only a differential diagnosis could be established.

to Valk: that she also considered an infection of low virulence the most probable cause of the changes in the vascular walls. She regarded the contrast exudate-transudate as too artificial and rejected it for that reason. The prolonged persistence after discontinuation of the gold injections was

in her opinion

no evidence against the gold as the aetiological factor; rather the fact that the patient had been treated with gold for 10 years tells against this opinion. Phagocytosis of gold (the patient received the insoluble gold preparation Solganal) has certainly been observed but is to be expected more in the liver and spleen. These organs

however

showed no toxic phenomena.