Retinal Detachment

A.		Hagedoorn
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and Associates

The various factors in the pathogenesis of retinal detachment are reviewed:

the tear in the retina,

the liquefaction of the vitreous,

the rupture of the outer layer of the vitreous,

the posterior detachment of the vitreous,

the cement,

the vitreous bands,

the reactive exudation.

The variable interplay of these factors leads to the necessity for individual treatment.

(Will be published in extenso elsewhere)

Discussion

Van den Heuvel points out that processes in the choroid can be a factor in the pathogenesis of detachment, according to Hervouet's experiments.

Hagedoorn replies: Paufigue's and Hervouet's preparations are unusual and give the impression that the detachments have been present for a long time. I considered these preparations in my paper in London. In two fresh preparations, which we were unhappily able to examine pathologically, there was no question of such a marked reaction in the choroid. In one of the two the subretinal fluid had a markedly exudative character. I believe that the exudation may vary considerably from case to case. Götz found that the exudative character increases with the duration of the detachment.

Janssens Capriles: In connection with your discussion of detachment cases with a central lesion resembling a hole at the macula a few questions arise, such as the presence or absence of the cilio-retinal artery and the appearance of the retina in the other eye. In this type of case particularly, careful examination of the extreme periphery (while applying pressure to the Hagedoorn and Associates, Retinal Detachment 619

sclera) often provides a clue. In an up-and-down clinical course such as you describe, I have often been helped by the method of comparing the visual fields (recorded with a fairly small object) before and after intensive illumination (e.g. funduscopy); sometimes a large relatively defective area appears, which was not suspected during ophthalmoscopy and can indicate the place where the (small) tear must be sought.

In connection with the case of detachment together with violent inflammation, it is not clear to me why the detachment could not be secondary to the inflammation in an eye with weak areas in the retina.

Hagedoorn replies: Careful examination of the other eye is an excellent rule. In our cases, however, this gave no help.

Your remark about the visual field seems very logical to me. The slightly damaged retina will be more easily dazzled.

No chorio-retinal vessel was present.

The hypopyon must have been secondary to the tear. A detachment occurred later in the other eye without inflammatory signs.