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Delayed Suprachoroidal Haemorrhage after PAUL glaucoma implant: A complex case report

BACKGROUND

- Suprachoroidal haemorrhage (SCH) is blood accumulation in the suprachoroidal space, typically triggered by an acute drop or fluctuation in intraocular pressure (IOP).
- Delayed SCH after glaucoma drainage device surgery is rare but potentially devastating.

- 76 year old male with advanced POAG
- Pseudophakia OU
- Feb 2025 OD VA HM, IOP 25mmHg on maximal topical therapy
- May 2025: OD Paul Tube surgery + Mitomycin C
- Day 1 post op : VA HM, IOP 18mmHg, AC formed, retina flat
- Week 1 post op presented to EED with severe headache, VA reduced to PL, Shallow AC, IOP 12mmHg, extensive choroidals (Figure 1&2).

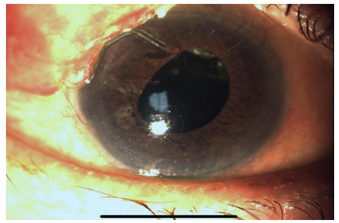

Figure 1.

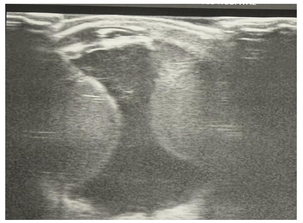

Figure 2. Ultrasound B – scan showing dense, hyperechoic, kissing suprachoroidal haemorrhage

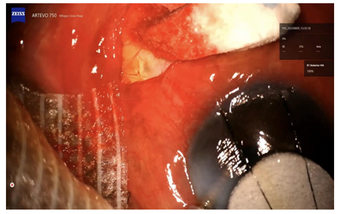

Figure 3.

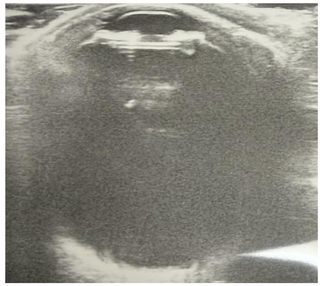

Figure 4. Day one post SCH drainage

Suprachoroidal Haemorrhage Drainage Surgery

- 7.0 Silk stay suture
- AC maintainer used
- Conjunctival peritomy and two triangle shaped scleral windows made 6mm from the limbus – inferonasally and superotemporally (Figure 3)
- Large amount of serous fluid and haemorrhage drained through both scleral windows
- Conjunctiva closed with 8.0 Vicryl sutures
- Day one post – op anatomical resolution of SCH confirmed on B – scan (Figure 4).

KEY LEARNING POINTS

- Delayed SCH can present days – weeks after GDD surgery
- Patient counselling urgent review for severe pain, headache, nausea or sudden vision loss
- B – scan is critical when the fundus view is poor
- Early hypotony prevention and prompt escalation can improve anatomical outcome