

Surgically Induced Necrotizing Scleritis Following Scleral Buckling Associated with *Pseudomonas aeruginosa* Infection

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Clinical Image

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A 61-year-old woman developed scleral thinning and severe inflammation two months after scleral buckling for rhegmatogenous retinal detachment. The initial postoperative course was uneventful, with complete retinal reattachment. Subsequently, the patient presented with ocular pain, conjunctival hyperemia, and purulent discharge. The infected buckle was removed, and *Pseudomonas aeruginosa* was isolated from the ocular discharge. Despite appropriate topical antibiotic therapy, progressive scleral thinning occurred at the buckle removal site, accompanied by anterior chamber inflammation and decreased visual acuity.

Surgically induced necrotizing scleritis (SINS) was suspected, and oral corticosteroid therapy was initiated, leading to rapid resolution of intraocular inflammation and conjunctival coverage of the thinned sclera. Visual acuity improved from 1/20 to 6/10.

SINS is a rare, immune-mediated inflammatory response that can occur after ocular surgery. Infection with *Pseudomonas aeruginosa* following scleral buckling is extremely uncommon, and the subsequent development of SINS in this context has not been previously reported.





Figure: Slit-lamp photograph showing marked scleral thinning at the site of buckle removal