

Inverted hypopyon in the eye

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DESCRIPTION

A 33-year-old woman presented with pain in the left eye. She had a history of wearing glasses of high minus power (-11D) in both eyes. She had undergone vitreoretinal surgery with silicone oil (SO) tamponade for retinal breaks as management of rhegmatogenous retinal detachment (RRD) in the left eye 2 years prior. There was aphakia, inferior peripheral iridectomy (PI), emulsified SO in the anterior chamber accumulating superiorly with a horizontal oil-aqueous level (hyperoleon, [figure 1](#)), increased intraocular pressure (IOP) and glaucomatous optic neuropathy.

Hyperoleon is seen superiorly in the anterior chamber as SO (specific gravity 0.97) is lighter than aqueous humour. On the contrary, hypopyon and hyphaema are manifestations of deposition of pus and haemorrhage, respectively, in the inferior part of the anterior chamber. Hypopyon denotes an inflammatory or infective process and should not be confused with a hyperoleon. Hyperoleon is a

manifestation of emulsification of SO and is commonly associated with glaucoma. Inferior PI (Ando's PI)¹ is performed in the SO-filled eye to prevent pupillary block glaucoma. Hyperoleon necessitates SO removal.

Learning points

- ▶ Hyperoleon is a complication of intraocular injection of silicone oil that is used for the management of retinal detachment.
- ▶ In contrast to hyphaema and hypopyon, which are seen in the inferior part of the anterior chamber, hyperoleon is seen superiorly as silicone oil is lighter than aqueous humour.
- ▶ Hyperoleon signifies silicone oil emulsification and is usually associated with glaucoma.
- ▶ Hyperoleon is an indication for silicone oil removal.

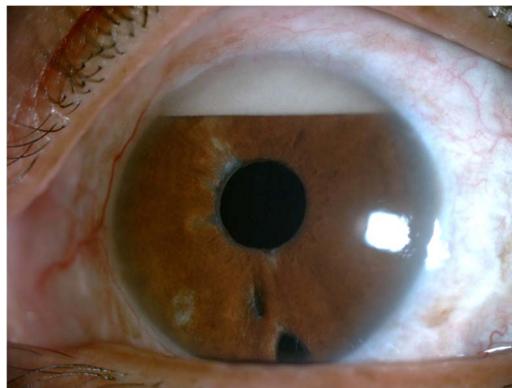


Figure 1 Slit lamp photograph of the left eye showing a white lesion in the superior part of the anterior chamber with a horizontal level suggestive of a hyperoleon.

Contributors KT and YRS had full access to all of the data in the study, and take responsibility for the integrity of the data and the accuracy of the data analysis. KT and YRS were responsible for study concept and design, and analysis and interpretation of the data. KT was responsible for acquisition of the data. All the authors drafted the manuscript; responsible for critical revision of the manuscript for important intellectual content, and also for study supervision.

Competing interests None declared.

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