Vitreous base avulsion

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DESCRIPTION

A man aged 30 years presented with a history of floaters OD following history of blunt trauma with a cricket ball 1 week ago. Unaided visual acuity was 20/20 OU. OS was normal. OD showed vitreous base avulsion from 5 to 9'o clock position in a typical bucket handle appearance. Ultra-wide-field (Optos) imaging with eye steered inferiorly showed vitreous base avulsion ([figure 1](#)). Rest of the ocular examination was within normal limits. The patient was reassured and advised regular follow-up.

Vitreous base avulsion is considered to be pathognomonic of ocular blunt trauma. During trauma, there is anteroposterior compression and rapid and profound equatorial expansion. This avulses the vitreous base from the retina and pars plana due to differences in their elasticity. Only a single case has been reported where spontaneous vitreous base avulsion occurred in a patient with neurofibromatosis.¹ Vitreous base avulsion may be associated

with retinal dialysis, retinal tear or vitreous haemorrhage in a high proportion of cases that increases the risk of retinal detachment. A thorough peripheral retinal examination and close follow-up is thus warranted in all patients with vitreous base avulsion.

Being in extreme periphery of the retina, vitreous base avulsion is often not captured using conventional colour imaging. With the availability of ultra-wide-field imaging, it is now possible to image the peripheral retina, which is useful for documentation as well as teaching purposes.

Learning points

- ▶ Vitreous base avulsion, seen in retinal periphery as a bucket handle, is an important sign of previous ocular blunt trauma.
- ▶ Ultra-wide-field imaging using Optos imaging system is a useful tool for imaging of peripheral retina.

Figure 1 Ultra-wide-field pseudocolour photograph of the right eye showing vitreous base avulsion.

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