Valerie G Sams et al., J Clin Trials 2017, 7:5 (Suppl)
DOI: 10.4172/2167-0870-C1-019

Spontaneous hyphema in patient proned for acute respiratory distress syndrome

Valerie G Sams, Heather M Hancock, Irene Folaron zAaron D Grant
San Antonio Military Medical Center, USA

Hyphema is blood that is grossly visible in the anterior chamber of the eye and can cause permanent vision loss. It is a rare complication that usually occurs after ocular trauma. Spontaneous or nontraumatic hyphema may result from underlying bleeding disorders, anticoagulation or antiplatelet medications, vascular malformations, ocular abnormalities, closed-angle glaucoma, sickle cell anemia, acute leukemia, rheumatologic disorders, or lymphoma. Rarely, spontaneous hyphema may present after non-ophthalmic surgery due to intra-operative heparin administration, coagulopathy, severe hypertension, or during emergence from anesthesia. Here we present a case of a man with acute respiratory distress syndrome (ARDS) as a result of Influenza B infection who underwent lung protective mechanical ventilation strategy, sedation, paralysis, and prone positioning to assist with oxygenation. This is the first reported case of non-traumatic hyphema in a patient undergoing prone positioning as part of the management of ARDS. We postulate that the patient's thrombocytopenic state coupled with the increased venous drainage pressure in the eyes from the face-down prone positioning likely led to his development of bilateral spontaneous hyphemas. Positioning his head to the side normalized venous drainage pressure and allowed rapid reabsorption of the anterior chamber blood. Hyphema should be considered a potential complication of prone positioning in patients with ARDS, especially in patients with a concomitant bleeding diathesis. In our patient, early recognition and medical intervention led to complete resolution. Ophthalmology evaluation and management is important for successful recovery.

Biography

Valerie G Sams has completed her fellowship in Trauma and Surgical Critical Care at San Antonio Military Medical Center (SAMMC), San Antonio, Texas in 2015. She is a Trauma and General Surgeon at SAMMC and an extracorporeal membrane oxygenation (ECMO) provider. She has published more than 15 papers in reputed journals and is active in multiple funded research projects.

valerie.g.sams.mil@mail.mil

Notes: