

Silicone “Hyperpion” a diagnosis to keep in mind :(clinical image)

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I. Case Reporst:

The patient, high myope (sphere at -12.0 D; axial length at 32 mm), phakic, had total retinal detachment with two large tears, posterior vitreoretinal proliferation (PVR) grade C, The patient was operated on five days later for a 23 G vitrectomy with dissection of the vitreous cortex and a posterior PVR, peeling of the limiting membrane internal to the posterior pole, laser cerclage of the tears

and dabbing with silicone oil Three months after surgery, the patient consulted at the emergencies for the appearance of a “white deposit on the iris”.

The clinical examination found a silicone emulsion in anterior chamber forming a “reverse pseudohypopyon” or silicone “hyperpion”

Ophthalmological examination evidenced the presence of a “frothy white formation” at the top anterior chamber. The hyperpion or commonly called “inverse hypopyon”, is due to an emulsification of silicone oil, when it passes into the anterior chamber and comes into contact with aqueous humor, which acquires a whitish appearance, and migrates to the top of the anterior chamber. In this situation, we removed the silicone oil with active drainage and air-fluid, associated with a washing of the anterior chamber.



Silicone “Hyperpion” at 3 months. Silicone emulsion in anterior room superior to the half of the corneal height.

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