

# A Case Report: Retinal Tears During the Second Stage of Labour

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## Introduction

Retinal diseases have been documented to occur in pregnancy. The most common is hypertensive retinopathy, generally associated with pre-eclampsia. Retinal tears occurring secondary to eclampsia or pre-eclampsia are serous retinal detachments. A serous retinal detachment occurs when fluid collects between the layers of the retina without a tear. Of the documented rhegmatogenous retinal tears or retinal detachments none have been recorded to occur during the second stage of labour. Rhegmatogenous retinal tears occur when vitreous fluid separates the neurosensory retina and the retinal pigmented epithelium because of a tear. Valsalva retinopathy in contrast is a pre-retinal haemorrhage caused by sudden increase in intraocular pressure. Management of delivery for those with a history of retinal disease is controversial.

## Case

A 28 year old female, gravida 1, para 1 had a vacuum assisted delivery at term for fetal distress. Soon after delivery the patient noticed floaters (“black spots”) in her left peripheral visual field. She and her midwife attributed these to fatigue. After discharge her floaters and mild visual impairment persisted. At eight weeks postpartum she also experienced flashes in her visual field which led her to seek investigation. After review by an optometrist and ophthalmologist she was diagnosed with left-sided peripheral retinal tears which were treated with laser therapy.

The ophthalmologist recommended a caesarean section as the mode of delivery in future pregnancies. The obstetric team suggested a planned forceps assisted delivery as another option.

## Discussion

This is the first case to document a rhegmatogenous retinal tear occurring during labour. Thus far research has suggested that labour and Valsalva manoeuvres are not risk factors for rhegmatogenous retinal tears or detachments (1, 2). Patients with prior retinal tears or retinal detachments have been shown to have spontaneous vaginal deliveries with no ocular complications (1, 2). Despite this, many Obstetricians and Ophthalmologists recommend either operative vaginal delivery or caesarean section for those with risk factors or a past history of retinal detachment (3, 4).

## References

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