Rapid growth of subconjunctival hematoma after uneventful small-incision cataract surgery in a patient taking low-dose aspirin.

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Abstract

A 79-year-old man who ingested low-dose aspirin daily underwent phacoemulsification/aspiration and intraocular lens implantation in the left eye. The intraoperative course was uneventful. Nine days after the surgery, he presented sudden bleeding, and a conjunctival tumorous lesion was observed at the site of the scleral incision in the right eye. The lesion was excised and treated with diathermy. Histopathologic examination of the tumor showed a hematoma. Ophthalmologists should be aware that a subconjunctival hematoma may develop suddenly after an uneventful small-incision cataract surgery in a patient with chronic aspirin intake.

Key words: aspirin, subconjunctival hematoma, cataract surgery

Introduction

No substantial recommendations have been made regarding the management of anticoagulants before cataract surgery. Recently, several investigators have reported that sight-threatening bleeds do not occur in patients with anticoagulant intake, and that small-incision cataract surgery is safely performed in these patients.

Case Report

A 75-year-old man complained of blurred vision in both eyes. He had bilateral cataracts. He also had had diabetes mellitus, myocardial infarction, angina pectoris, hypertension, and hypothyroidism. The patient had been prescribed losartan potassium, 50mg/day; furosemide, 60mg/day; potassium gluconate, 5.0mEq/day; carvedilol, 10mg/day; pravastatin sodium, 10mg/day; voglibose, 0.6mg/day; levothyroxine sodium, 0.375g/day; and aspirin, 81mg/day. Results of laboratory tests disclosed the following values: glutamic oxaloacetic transaminase, 32IU/L (normal, 12–31IU/L); amylase, 139IU/L (normal, 30–116IU/L); blood urea nitrogen, 23mg/dl (normal, 8.7–22.5mg/dl); fasting plasma glucose, 114mg/dl (normal, 70–110mg/dl); red blood cell count, 397 × 10^4/μl (normal, 420–560 × 10^4/μl); hemoglobin, 12.4g/dl (normal, 13.5–17.5g/dl); fibrin degradation products, 66μg/ml (normal 10–10μg/ml); and D dimmer, 57.97ng/ml (normal, <100ng/ml). Glutamic pyruvic transaminase, γ-glutamyltranspeptidase, creatinine, sodium, potassium, chloride, total cholesterol, total protein, albumin, white blood cell count, platelets, bleeding time, prothrombin time, and activated partial thromboplastin time were within normal range. The patient underwent uncomplicated cataract surgery in the left eye on September 16, and in the right eye on September 26, 2003. The surgical technique consisted of sub-Tenon’s anesthesia of lidocaine 2% and a standard phacoemulsification/aspiration and intraocular lens implantation performed by one surgeon (K. K.). Conjunctival peritomy was done. A superior Frown 3-mm scleral incision was made. A foldable acrylic intraocular lens (Sensar, AR40e, AMO) was implanted into the capsular bag using an injector. The patient’s corrected visual acuity was 1.20U on October 4. On October 5 (postoperative day 9 in the right eye), he
suddenly complained of foreign body sensation and bloody tears in the right eye. On October 6, he visited our clinic complaining of persistent bleeding in the right eye. Slitlamp examination revealed a large (9 × 6 mm) conjunctival tumorous lesion with active bleeding from the scleral wound (Fig. 1). The tumor was excised, and cautery was applied to the site of bleeding. The conjunctival wound was closed with 8-0 polyglactin. Histopathologic examination of excised tissue showed a subconjunctival hematoma (Fig. 2). No recurrence of bleeding was noted during a follow-up period of nine months.

**Discussion**

We report on a rapidly growing subconjunctival hematoma that developed suddenly 9 days after an uncomplicated small-scleral incision phacoemulsification with a foldable intraocular lens. The bleeding derived from the scleral incision wound. Our patient continued to take low dose aspirin (81 mg/day). The coagulation profiles in our patient were within normal range before the cataract surgery. No serious bleeding in our patient had been noted intraoperatively.

Assia et al. reported that cataract surgery was performed safely in patients with regular aspirin intake and discontinuation of aspirin was not necessary. Carter and Miller reported that the major complication in cataract surgery in patients with aspirin intake was subconjunctival hemorrhage. To our knowledge, no report has described the rapid growth of subconjunctival hematoma suddenly after uncomplicated phacoemulsification with a foldable intraocular lens. Ophthalmologists should be aware that a rapidly growing subconjunctival hematoma is possible after uncomplicated phacoemulsification in patients taking aspirin.

**References**