

**CHRONIC SELF-DEMARCATED SUPERIOR RHEGMATOGENOUS RETINAL
DETACHMENT ASSOCIATED WITH MACULAR PUCKER**

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PURPOSE: To describe the atypical clinical presentation of a patient with chronic superior rhegmatogenous retinal detachment associated with macular pucker formation.

METHOD: Review of the medical records and images of a single patient.

RESULTS: A 59-year-old phakic patient presented with a subacute decrease in visual acuity in his right eye to 20/400. Dilated fundus biomicroscopy with scleral depression revealed a chronic, macula-on rhegmatogenous retinal detachment caused by a singular large horseshoe tear which extended almost 2-clock-hours (from slightly nasal of the 12 o'clock to 2 o'clock). The detachment's inferior border was marked by several pigmented lines of self-demarcation that stopped half-a-disc-diameter superiorly from the central fovea. A chronic macular pucker formation had caused disorganization of the central macular architecture. The inferior vitreous cavity contained old, dehemoglobinized vitreous hemorrhage and no posterior vitreous separation was present. Patient denied any previous cryopexy, laser retinopexy, pneumatic retinopexy or surgical intervention and revealed that his vision had gradually deteriorated in that eye since he suffered a blunt trauma during an altercation in 1988. He declined surgical repair of the epiretinal membrane and retinal detachment at presentation, reasoning that he had retired and no longer needed to drive.

CONCLUSION: This case demonstrates an unusual, superiorly located, chronically self-demarcated, rhegmatogenous retinal detachment associated with macular pucker formation and illustrates the importance of prompt repair of any detachment, even slowly progressing ones, so as to prevent permanent damage of the macular region and vision loss.

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