Is Saturday Night Retinopathy Being Reported More Frequently?

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Article begins on next page
COMMENT & RESPONSE

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To the Editor We read the article titled “Self-induced Orbital Compression Injury: Saturday Night Retinopathy” by Williams et al1 with great interest. The authors describe a case of orbital compression and ophthalmic ischemia secondary to prolonged prone positioning following heavy drinking and drug use. The authors report that their case is the second published in the literature after the original one described by Jayam et al2 in 1974.

In April 2015, we published a series of 3 cases3 with clinical scenarios similar to the case reported by Jayam et al. Our first case had blindness, proptosis, and ophthalmoplegia, with extraocular muscle and lacrimal gland enlargement, presumably from venous congestion, on magnetic resonance imaging following heroin use. As in the patient described by Jayam et al, our patient also had peroneal nerve palsy ipsilateral to the involved eye. Our second case had loss of vision from ophthalmic artery occlusion with proptosis and ophthalmoplegia while in an inebriated state and sleeping on the eye. Our third case presented with an acute increase in intraocular pressure, corneal edema, central artery occlusion, and minimal orbital findings. We believe that the lack of orbital symptoms (eg, proptosis and ophthalmoplegia) in our third case can be explained by his moving and thereby relieving the orbital compression after a shorter period than in the other 2 cases. We also presented fluorescein angiogram, optical coherence tomographic, and magnetic resonance images of our cases that showed patterns and findings similar to the cases described by Jayam et al2 and Williams et al.1

Saturday night retinopathy is a rare blinding condition with no realistic preventive measure. Given the increasing rate of drug abuse,4 awareness of health care professionals and emergency medical services with this entity may help them better understand this clinical scenario.

Mehrdad Malihi, MD
Larry P. Frohman, MD
Roger E. Turbin, MD

Author Affiliations: Institute of Ophthalmology and Visual Science, Rutgers New Jersey Medical School, Newark.

Corresponding Author: Mehrdad Malihi, MD, Institute of Ophthalmology and Visual Science, Rutgers New Jersey Medical School, 90 Bergen St, Newark, NJ 07103 (mehrdadmalihi@hotmail.com).


Conflict of Interest Disclosures: All authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none were reported.