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OUTCOMES OF PARS PLANA VITRECTOMY FOR TREATMENT OF RETINAL DETACHMENT ASSOCIATED WITH FULL THICKNESS MACULAR HOLE FOLLOWING INTRAVITREAL TISSUE PLASMINOGEN ACTIVATOR AND GAS INJECTION FOR TREATMENT OF SUBMACULAR HAEMORRHAGE

Oral

Sabatino F.*^[2], Jasani K.^[1]

^[1]Manchester Royal Eye Hospital ~ Manchester ~ United Kingdom, ^[2]Norfolk & Norwich University Hospitals NHS Foundation Trust ~ Norwich ~ United Kingdom

Purpose:

To report the anatomical and functional outcomes of pars plana vitrectomy (PPV) for management of retinal detachment (RD) associated with full thickness macular hole (FTMH-RD) following recombinant intravitreal tissue plasminogen activator and gas injection (tPA and gas) for treatment of submacular haemorrhage (SMH).

Methods:

Single surgeon (FS), retrospective case reports of 2 patients who developed FTMH-RD following tPA and gas for treatment of SMH. SMH was caused by eccentric choroidal neovascularization (CNV) in patient 1 and by wet age-related macular degenerative CNV in patient 2. Patient 1 underwent PPV with silicone oil tamponade, whereas patient 2 underwent PPV, internal limiting membrane (ILM) flap and gas tamponade.

Results:

Preoperative visual acuity was hand motion in both patients. Retinal reattachment and FTMH closed was achieved in both patients. Postoperative visual acuity was 1.06 logMAR in patient 1 and 1.06 logMAR in patient 2 at six months postoperatively.

Conclusions:

FTMH-RD is rare following intravitreal tPA and gas for treatment of SMH. PPV is effective in improving visual acuity, displacing SMH and closing FTMH in these scenarios. Larger studies are needed to investigate the incidence of FTMH-RD following intravitreal tPA and gas and confirm whether ILM surgery provides additional advantages.