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MICROPULSE SUBTHRESHOLD YELLOW LASER IN TREATMENT OF CENTRAL MACULAR EDEMA IN CENTRAL SEROUS CHORIORETINOPATHY

Oral

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Purpose:

One of the major causes od CME is disruption of the blood–retinal barrier. Subthreshold micropulse yellow laser (SMYL) has widespread benefits for the treatment of different macular disorders, inculding CME without foveal damage. We report a series of cases of CME that were completely resolved with the SMYL treatment.

Methods:

The results of 10 eyes with central serous chorioretinopathy (CSHR) treated with yellow laser micropulse laser photocoagulation are presented. CSHR was diagnosed in all eyes at the first examination, confirmed by fluorescein angiography (FA) and OCT maculae. Laser intervention was performed according to the results of FA. The results were measured according to visual acuity (Snellen tables), the central thickness of the macula was monitored by OCT maculae and at the last control a FA was performed. Results from the first visit, 15 and 30 days after the intervention were compared. The results are presented using the Microsoft Excel program.

Results:

The results obtained indicate a complete cure of CME caused by CSHR by SMPL performed according to FA. According to the last FA report, there was a complete regression of CME, which is confirmed by the central thickness of the macula reduced by an average of 42% and the visual acuity improved by at least 3 lines and reaches 1.0 in all cases. A greater effect of the intervention was seen at the first control, while complete regression occurred at the second control, 30 days after the intervention.

Conclusions:

Based on the presented results, it is concluded that subthreshold micropulse yellow laser intervention is a reliable method of treating CME caused by CSHR. OCT results of the macula and visual acuity indicate a complete regression of the disease within 30 days of the intervention.