Abstract 195

DOES CHOROIDAL THICKNESS PREDICT PERSISTENT SUBRETINAL FLUID AFTER RHEGMATOGENOUS RETINAL DETACHMENT REPAIR? A RETROSPECTIVE STUDY WITH FELLOW EYE COMPARISON.

Oral

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Purpose:

To evaluate whether choroidal thickness (CT) is associated with persistent subretinal fluid (pSRF) after simple primary rhegmatogenous retinal detachment (RRD) repair.

Methods:

This single-centre, retrospective, observational study included patients who underwent RRD repair with at least 12-month follow-up. Preoperative and postoperative parameters were evaluated for association with pSRF. CT measurements were obtained at the central 1-mm area on enhanced-depth-imaging (EDI)-OCT scans, using a semiautomatic method. Multiple logistic regression analyses were assessed to determine predictive factors for pSRF.

Results:

Overall, 100 eyes of 100 patients, mean age of 59.9±12.6 years were included. pSRF was found in 21.0% of eyes and resolved over time in 85.7% of eyes at 12 months. The pSRF group showed lower mean choroidal and RPE thickness values as compared to those without pSRF(p< 0.05). A significant correlation was found between pSRF occurrence and choroidal thinning(p=0.02). After multiple regression analyses, macula-off RRD(p=0.005) and scleral buckling(SB) technique(p=0.001) were retained as final predictors for pSRF. In macula-off SB eyes, detachment duration was the only factor associated with pSRF(p=0.046). There were no significant differences in best-corrected visual acuity outcomes.

Conclusions:

Patients with pSRF showed lower choroidal and RPE thickness as compared to those without pSRF. CT did not turn out to be a final predictor for pSRF, as this was mainly associated with macular involvement, surgical technique, and detachment duration.