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A CASE REPORT OF BILATERAL OPTIC DISC PIT MACULOPATHY TREATED WITH HUMAN AMNIOTIC MEMBRANE (HAM) PATCH: DIFFERENT MACULAR ENTITIES REQUIRE DIFFERENT HAM PATCH IMPLANTS

Poster

Fiore T.*[1], Tosi G.[1], Tucci D.[1], Giansanti F.[2], Cagini C.[1]

^[1]Department of Biomedical and Surgical Sciences, Section of Ophthalmology, University of Perugia, S. Maria della Misericordia Hospital ~ Perugia ~ Italy, ^[2]Department of Translational Surgery and Medicine, Ophthalmology Unit, University of Firenze ~ Firenze ~ Italy

Purpose:

To report a patient treated for bilateral optic disc pit maculopathy (ODP-M) with an associated macular hole (MH) in left eye (LE) and a serous macular detachment (SRE) in the right eye (RE) treated with a pars-plana vitrectomy (PPV) combined with the implantation of a human amniotic membrane (hAM) patch.

Methods:

A 46 years-old man referred to our clinic for vision loss. After an ophthalmic evaluation, including best corrected visual acuity (BCVA), fundus examination, and optical coherence tomography (OCT), patient was diagnosed with ODP-MH in LE and addressed to PPV and hAM implantation inside MH. Twenty months later, following an increase of SRE in RE, PPV was performed with hAM patch implanted inside the ODP. Air was used as endotamponade. During follow-up, hAM was found nor completely adherent to ODP and SRE was found increased. A second surgery was then planned, and hAM gently pushed to close the ODP.

Results:

In LE, after PPV and hAM implantation inside MH, BCVA improved from 20/400 to 20/200 and OCT showed MH closure. In RE, BCVA before surgery was 20/50. After the first surgical procedure, despite the hAM positioning to cover the ODP, OCT disclosed an increase SRE with a marked foveal thinning and a further decrease of BCVA to 20/40. A second surgery was then planned to push the hAM inside the OPD to mechanically close the pit. During follow-up, BCVA improved up to 20/20 and OCT showed a slowly decreased of SRE and a slow increase of macular thickening.

Conclusions:

Implant of the hAM may be effective to repair optic disk pit maculopathy. The correct placement of hAM inside the OPD to close the pit seems necessary to close the interconnections between the vitreous cavity, subarachnoid space, and subretinal space.