



Mario Romano

Casi clinici parte I

Timing e tecnica chirurgia nelle patologie dell'interfaccia vitreoretinica



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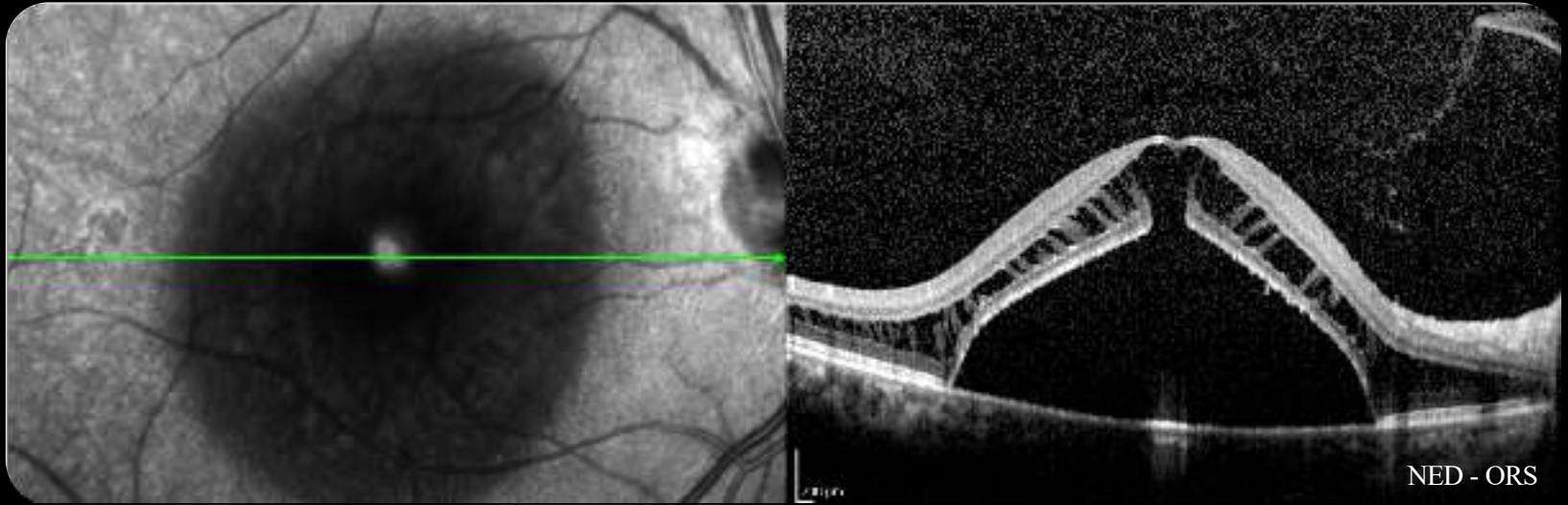


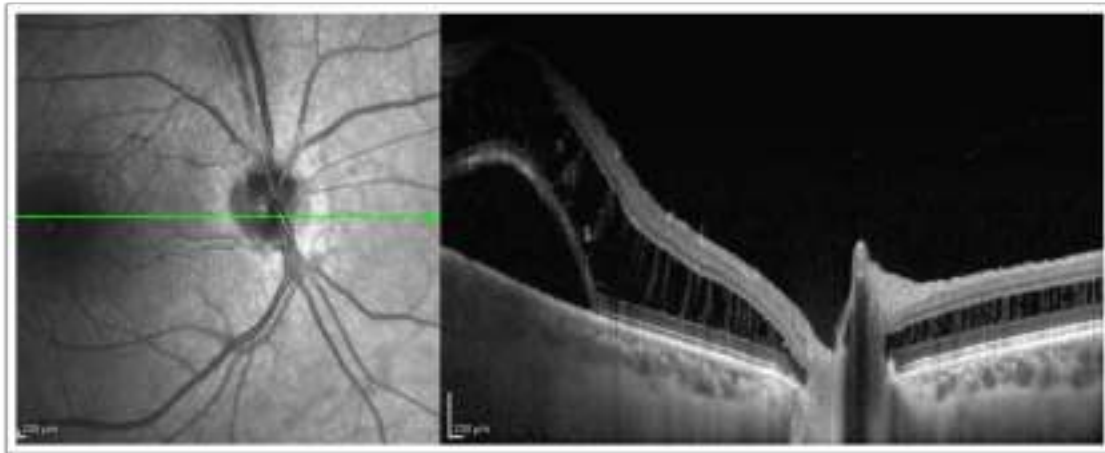
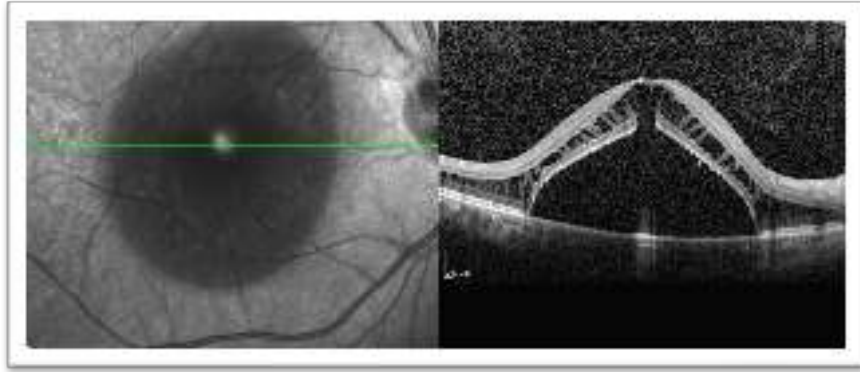
Jose Vallejo
Humanitas ICH



Case 1

An unusual case of macular schisis



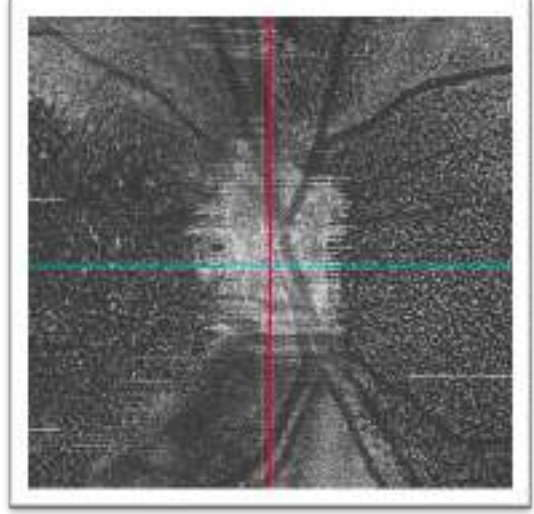
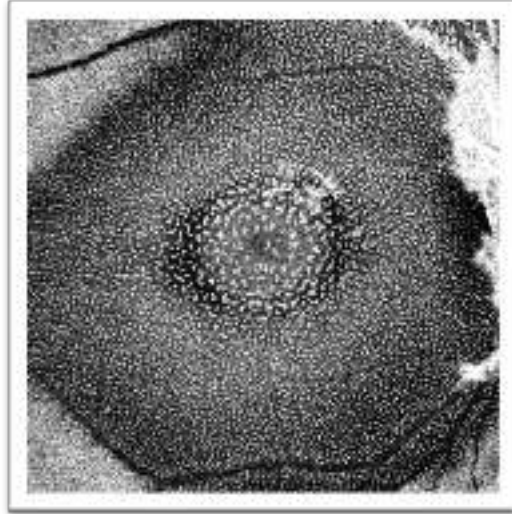
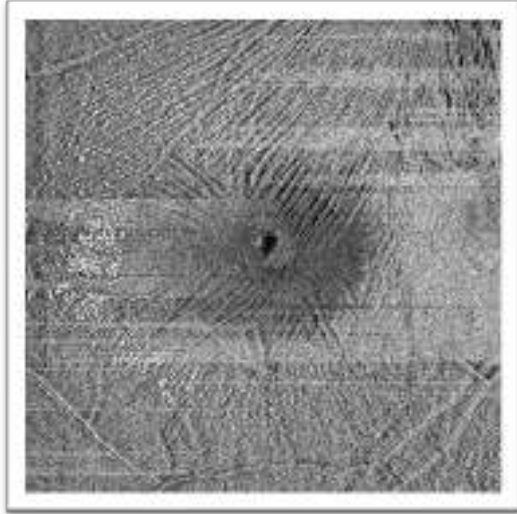


BCAV 0.1
DD optic pit?

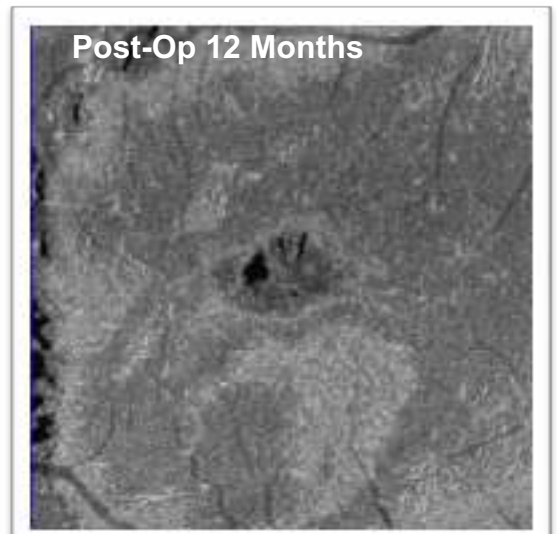
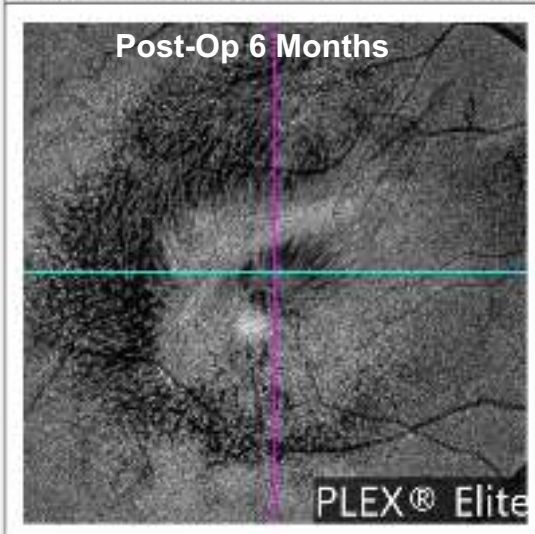
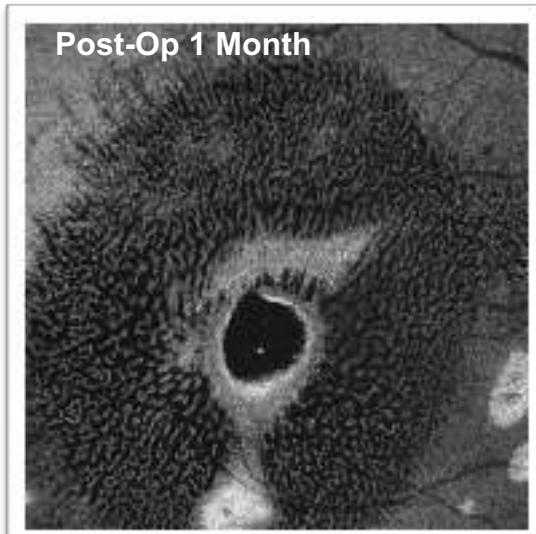
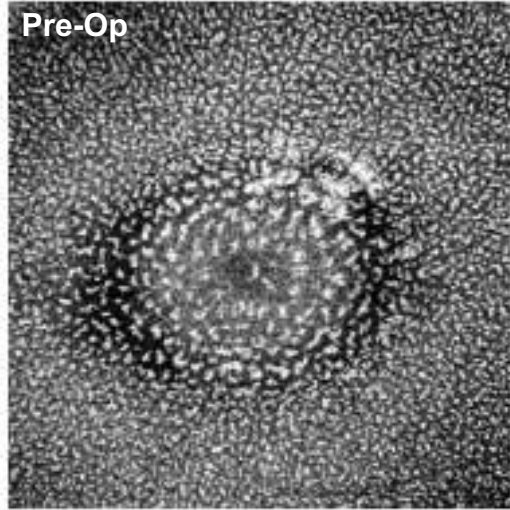
Both side

Clinical findings

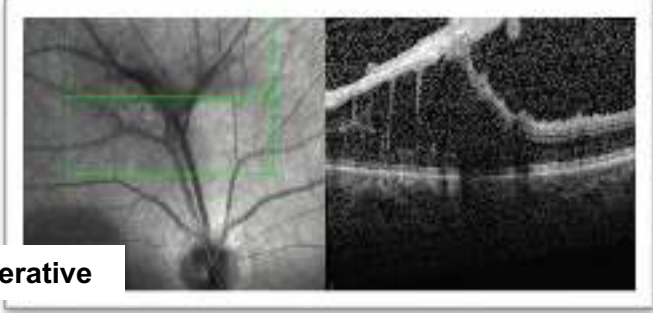
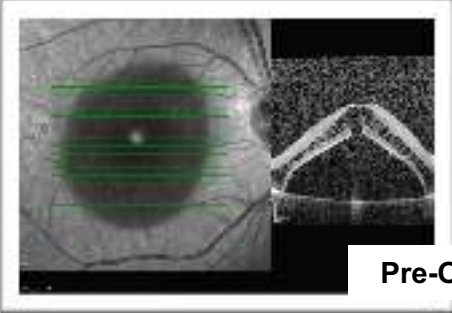
En-Face OCT



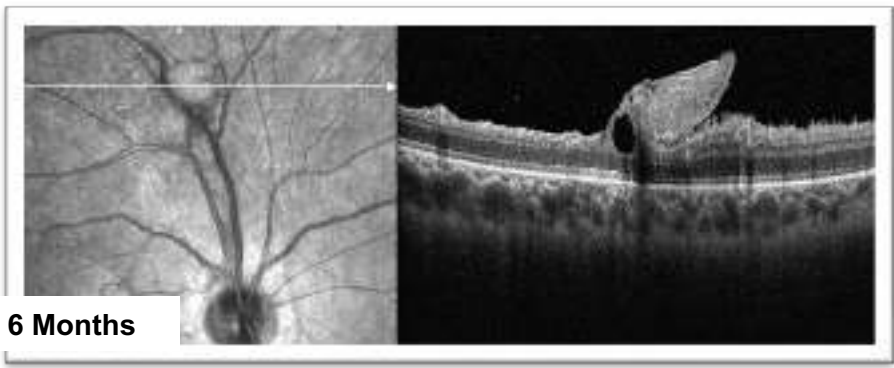
En-Face OCT comparison



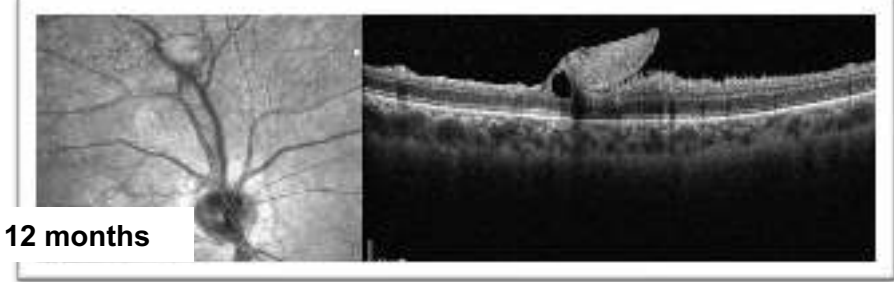
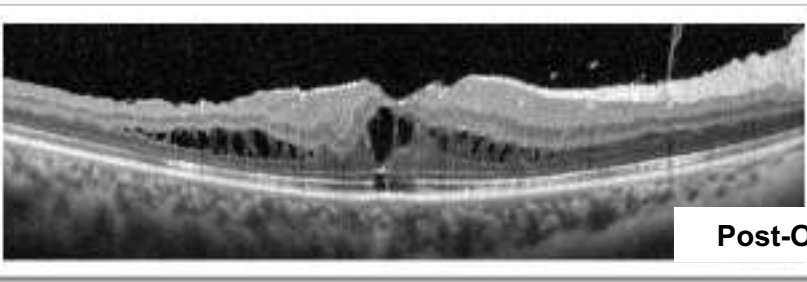
Structural OCT comparison



BCVA 0.3



BCVA 0.8



Case 2

FV

OCT baseline

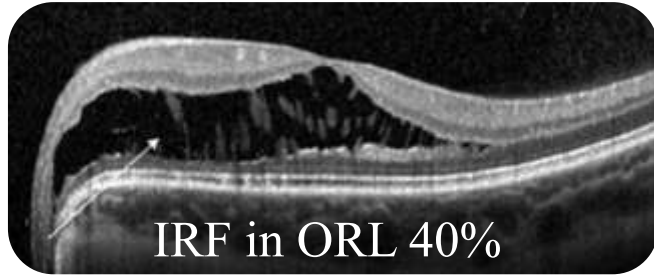
- ▶ 41 aa, female
- ▶ Good health
- ▶ OS phakic, optic pit maculopathy
- ▶ OS BCVA CF 1m
- ▶ CMT 930 microns



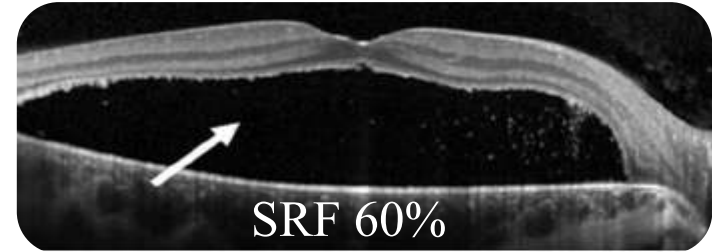
What would you do?

Asyntomatic 20%

Syntpomatic complicated by secondary macular changes **80%**



Tended to remain stable with observation



Worse vision and more likely to deteriorate

What can we do?

PVD induced and gas tamponade

- 75% achieved dry fovea
- 60% more than 0.1 logMAR

Foveal Sparing Inverted ILM Flap

- 69% gain > 15 letters

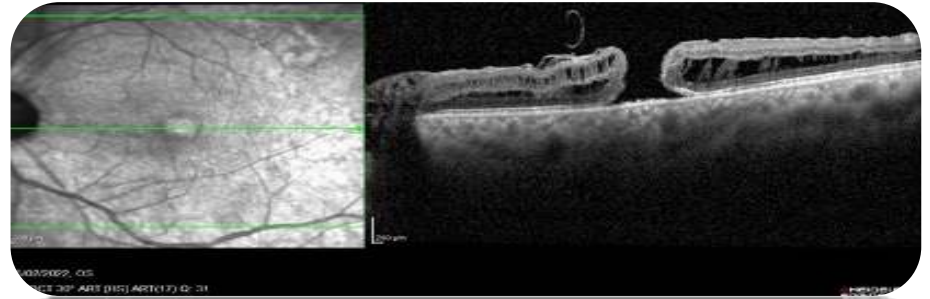
- No difference between SF6 or C3F8
- **No benefit to adding ILM peeling** or temporal endolaser.

What we did

- ▶ Phaco IOL + PPV peeling **with foveal sparing** + SF6 20%

Reattachment may take a very long time
(50% of patients requiring more than 1 year).

we wrere waiting, but ...



At 5 months follow-up

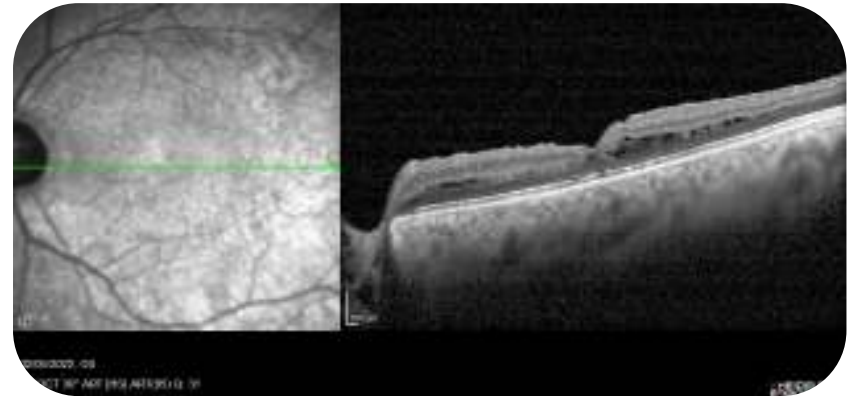
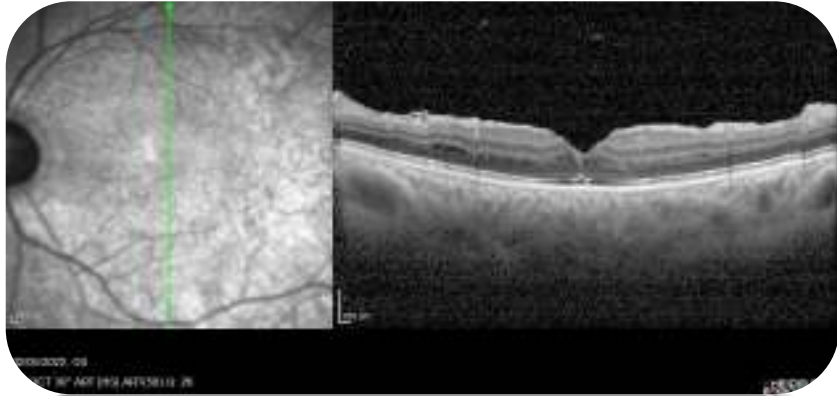
OS BCVA 0.1 snellen

OS FTMH

diameter 360 microns

What we did

OS PPV + peeling + PRP + C3F8 12%

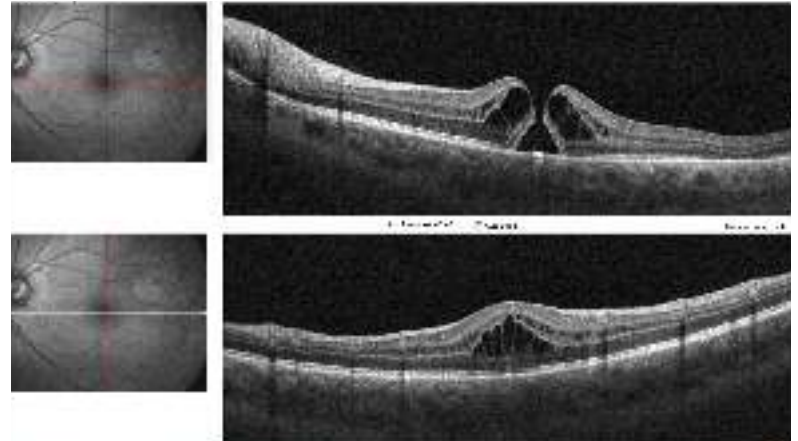


OS BCVA 0.7 Snellen
MH closed

Case 3

PP

- ▶ 21 y.o., male
- ▶ Medical history: Good general health status
- ▶ Opht history: LE trauma with soccer ball 14/09/2020
- ▶ BCVA baseline 0.2
- ▶ Comes after 2 months with a FTHM , previous visit by another specialist reports macular edema but no MH
- ▶ Diagnosis: Traumatic macular hole (TMH)



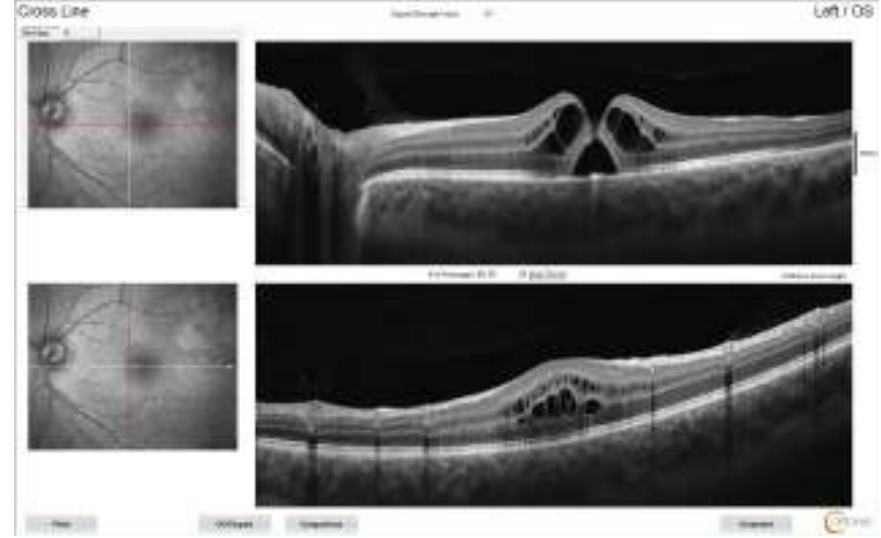
What would you do?

What we did

BCVA 0.2



BCVA 0.2

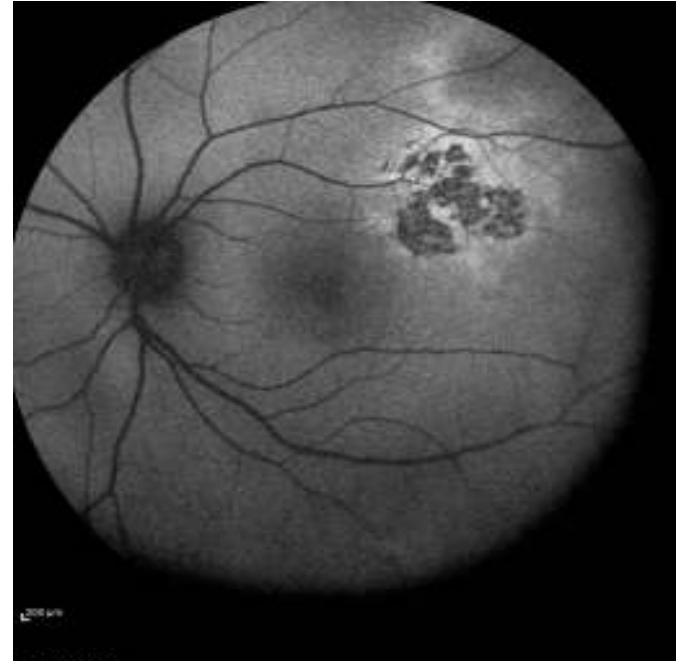
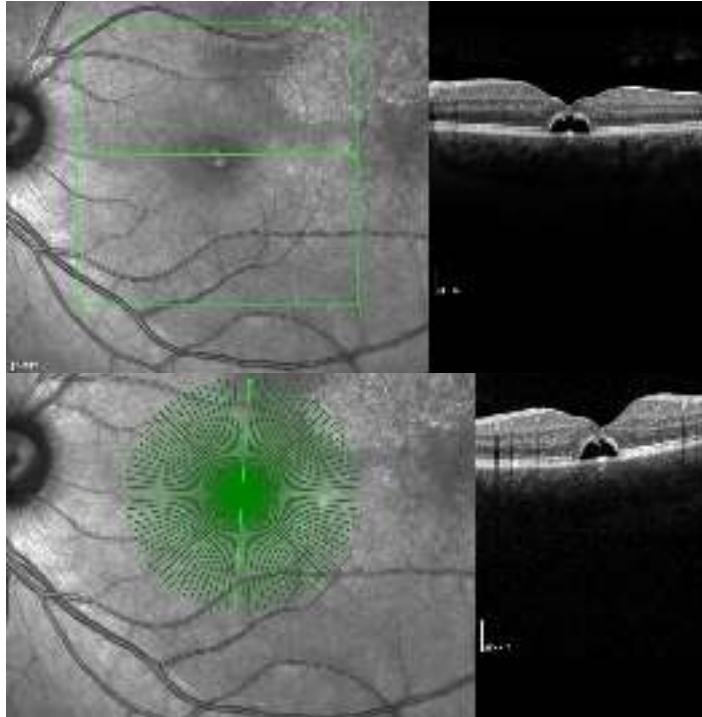


- Prescribed oral CCS, topical FANS and antioxidant oral integrator
- Diameter 220 microns

- After 3 weeks **indication for VR surgery**

7.12.2020 BCVA 0.5
(3 months after the trauma)

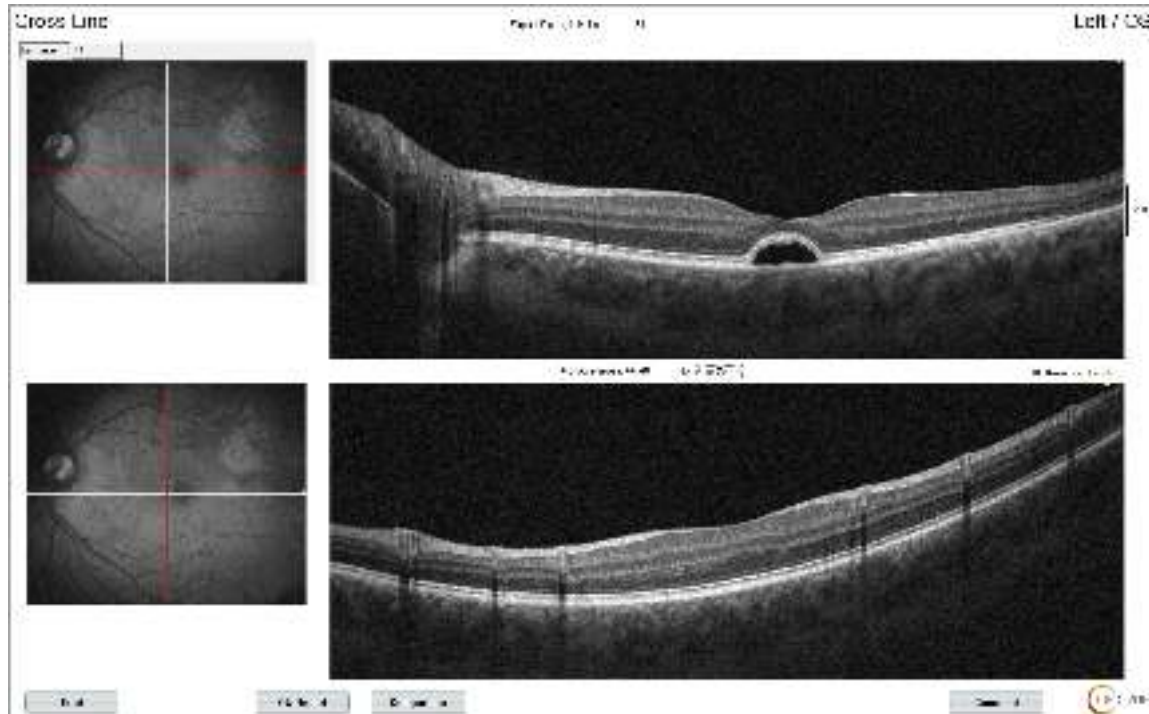
- After 2 weeks, **at pre-operative exams**, spontaneous closure → No surgery



RPE damage spares the fovea

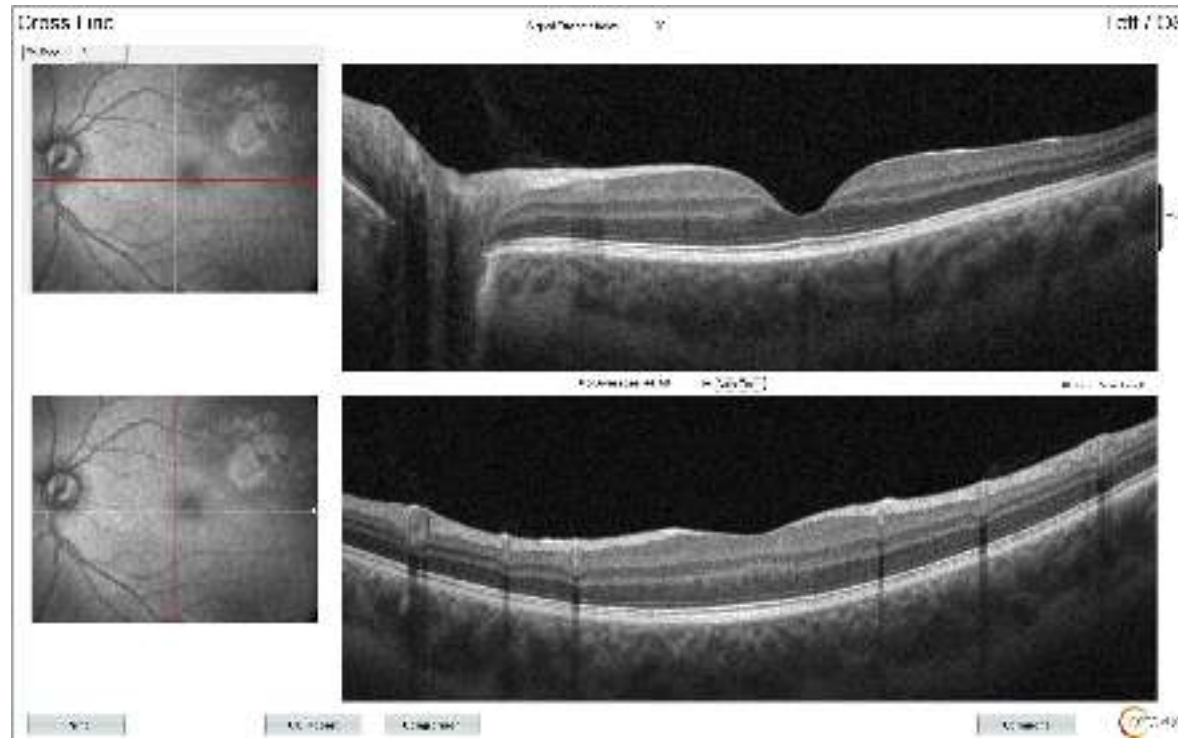
8.1.2021 BCVA 0.8
(3 months after the trauma)

- ▶ After 4 weeks, small foveal NED



What we did 🙏

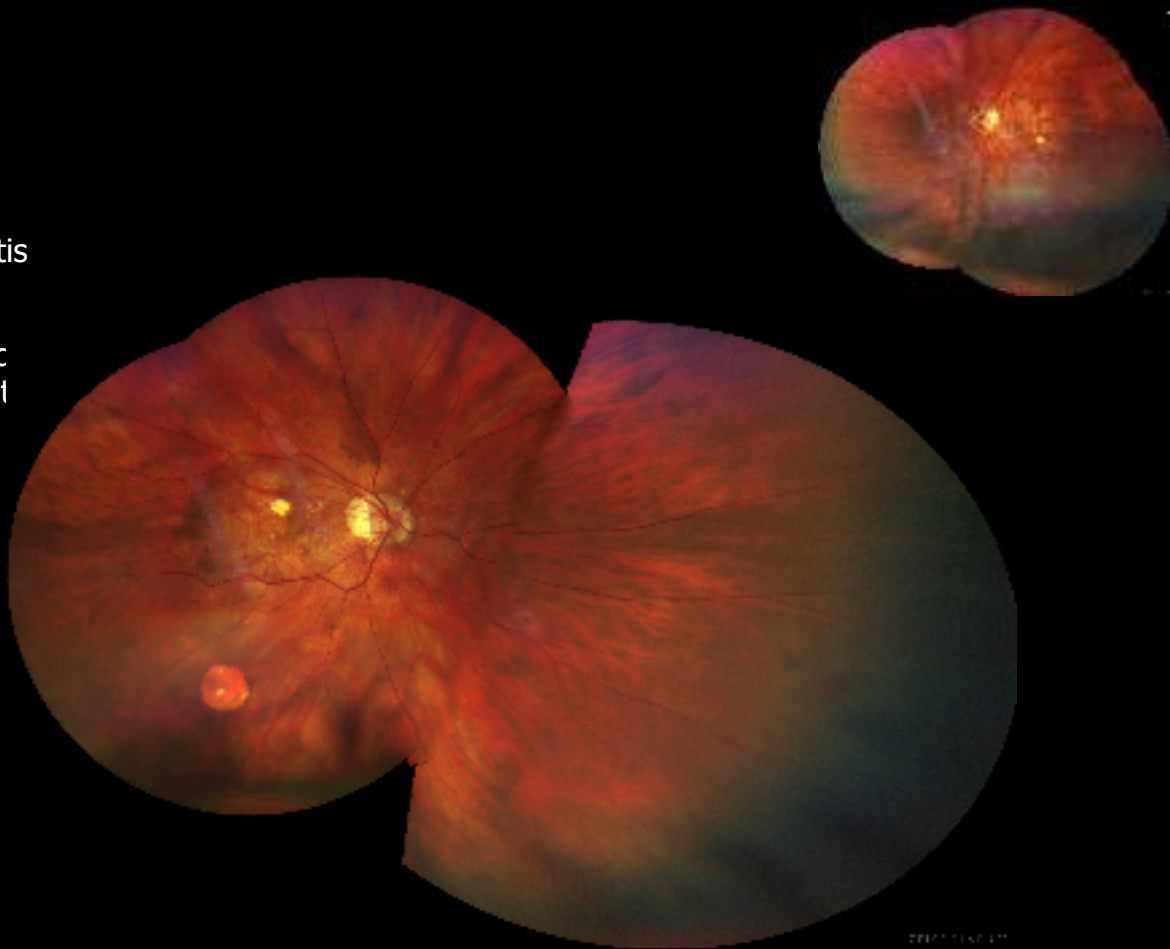
- ▶ After 6 months, complete closure with IS/OS layer recovery



Caso 4

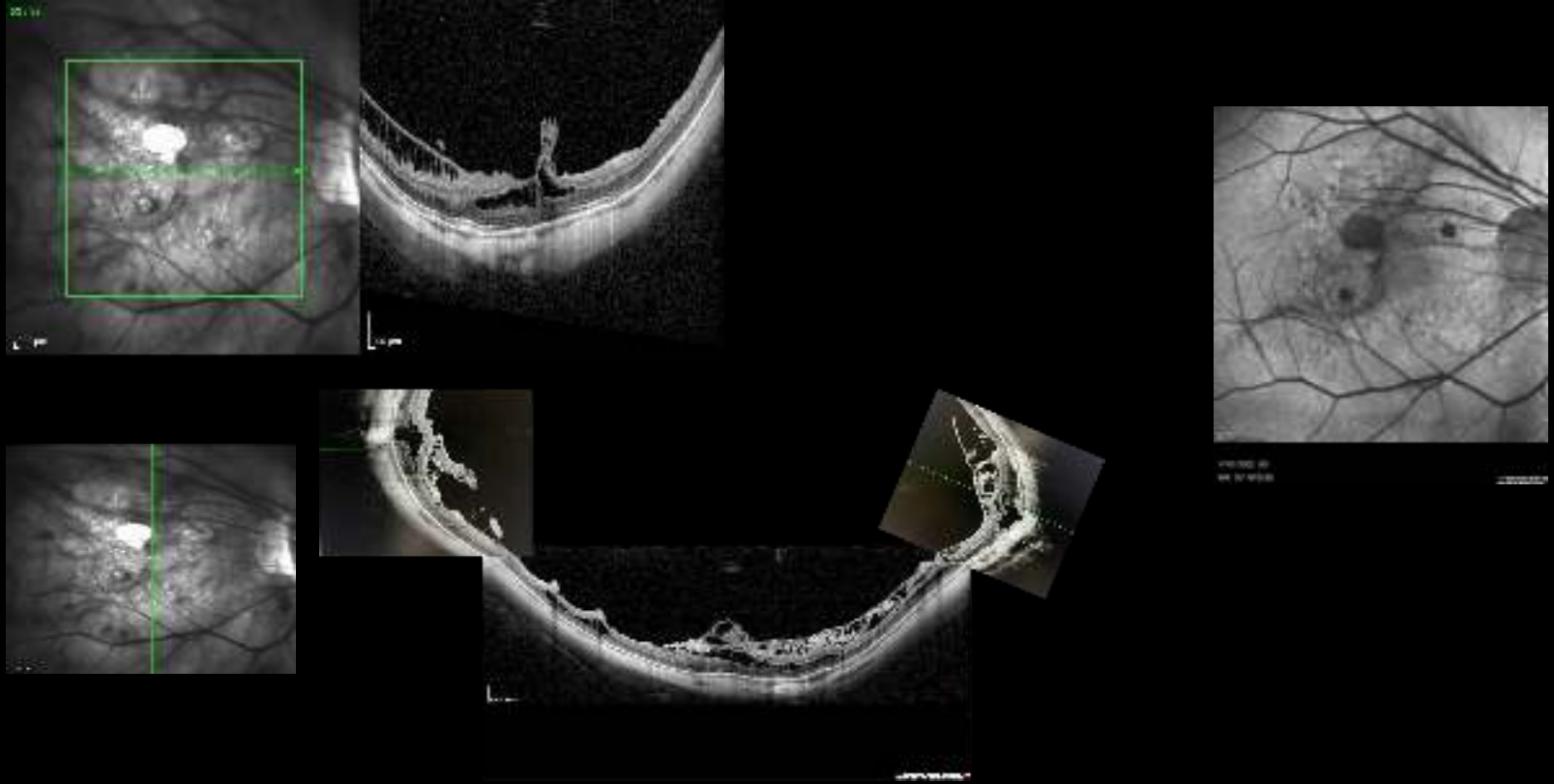
TD

- 53 aa, ♀
- Hipotiroidismo
- - OD: miopico CNV tratado con 2 IVT Lucentis (2015)
- OD: MTM con aumento de HFL-ONL y schisis interna y externa, desprendimiento focal NE
- Cataracta
- **OD BCVA: 0.3 cc -10.00 sf**
- OS BCVA 0.7 cc -8.00 sf



What would you do?

OCT baseline



Phaco IOL + PPV 25G ERM/ILM peeling + SF6 20%

FOVEA-SPARING VERSUS COMPLETE INTERNAL LIMITING MEMBRANE PEELING IN VITRECTOMY FOR VITREOMACULAR INTERFACE DISEASES

A Systematic Review and Meta-Analysis

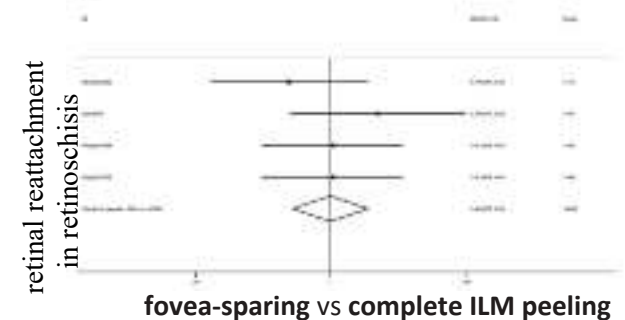
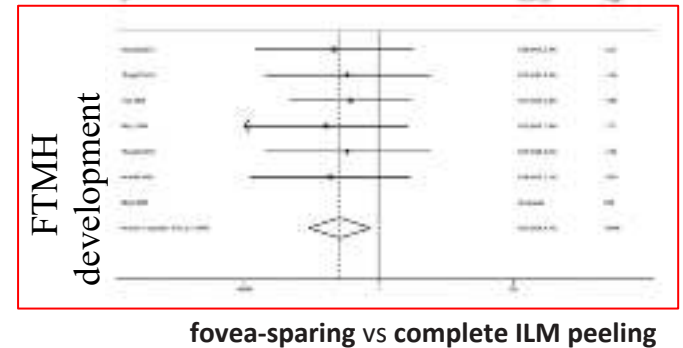
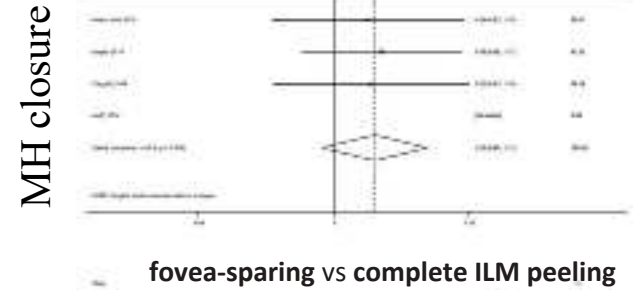
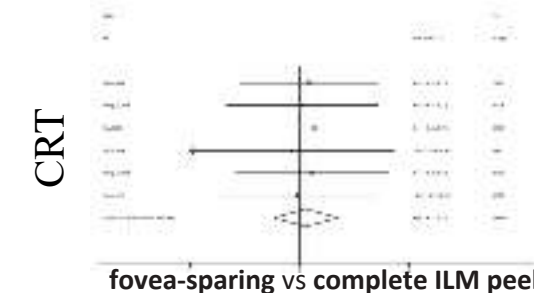
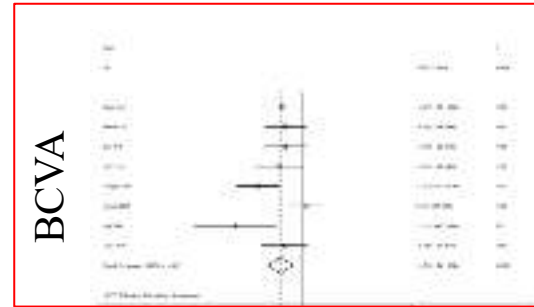
YUE LI, WANG, MIEP, XINYU ZHANG, XIAO WANG, LI ZHANG, HONG JINGLIAN YANG, MIEP YU, BIN CHEN, SHI WANG

Methods: PubMed, EMBASE, Cochrane, CNKI Databases, and the ClinicalTrials.gov website were searched.

487 eyes were included

Forest plot
fovea-sparing vs complete ILM peeling

Conclusion: Based on current evidence, **fovea-sparing ILM peeling significantly improve visual outcomes and decrease complications of full-thickness macular hole development in vitreomacular interface diseases.**



5 day after surgery
SF6 still in



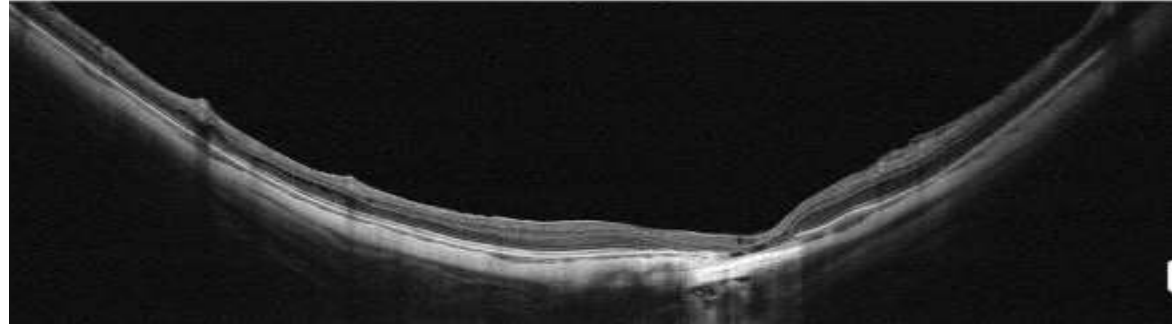
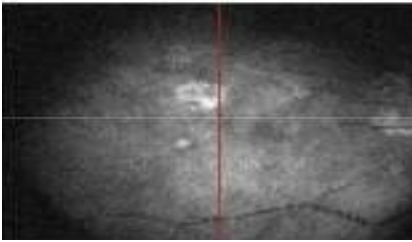
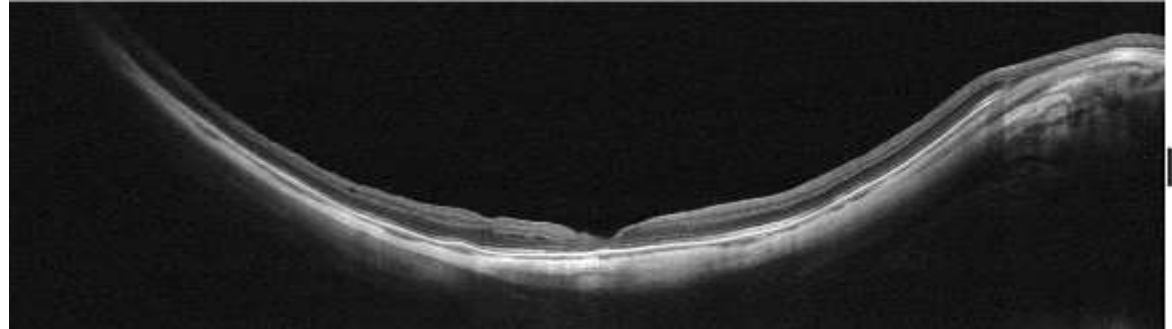
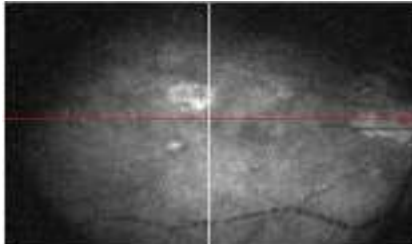
What to do? Posturing and NSAID 🙋🙌

12 day after surgery
SF6 still out



6 weeks after surgery

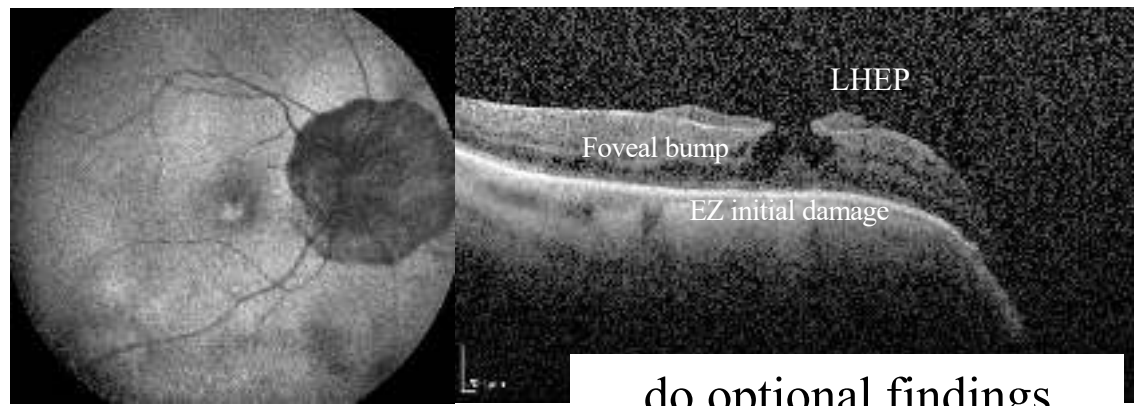
- ▶ BCVA 9/10 with -2.25 sf -1.00 ax 160



♂ 78 y
PVD, Pseudophakic

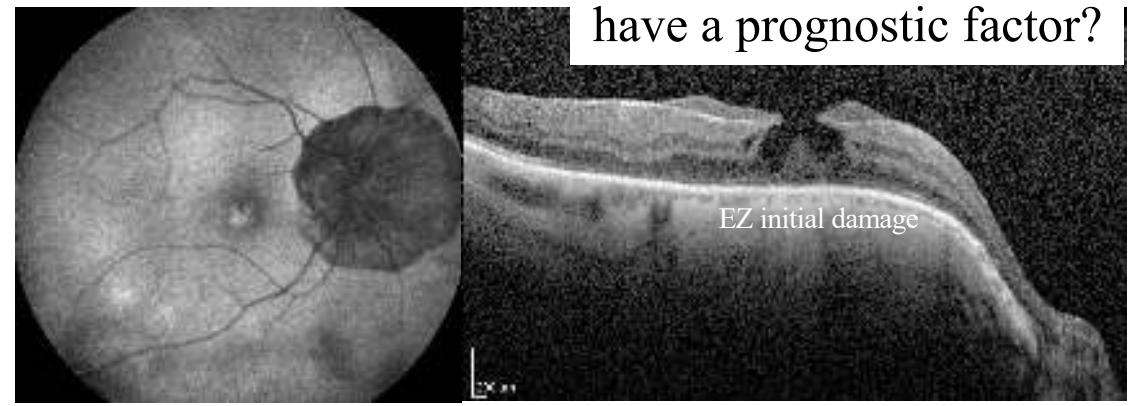
MANDATORY	OPTIONAL
- Irregular foveal contour	- Epirretinal proliferation
- Undermined edges	- Foveal bump
- Loss of foveal tissue	- Ellipsoid line disruption

consensus definition LMH



BCVA 0.7
LHEP,
initial EZ damage

do optional findings
have a prognostic factor?



2 years later
BCVA 0.55
initial EZ damage
Progression of tissue loss

LMHs have slow or absent progression.

When to operate to change the natural history of the disease?