COMPLETE OR INCOMPLETE VITRECTOMY IN FAMILIAL AMYLOIDOSIS ATTR V30M PATIENTS WITH VITREOUS AMYLOID DEPOSITS?
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Vitreous amyloid deposits are a frequent ocular manifestation of familial amyloidosis ATTR V30M (FAP-I) even after liver transplantation. The only treatment of the vitreous opacities is vitrectomy and it can be complete (extensive vitreous removal, with indentation) or incomplete (without indentation, leaving some peripheral vitreous). The aim of this study is to evaluate the results in vitrectomized FAP-I patients as the recurrence of vitreous amyloidosis and its relationship with the degree of previous vitreous removal, as well as the incidence of complications such as glaucoma after vitrectomy in these patients. Several authors refer a new deposition of amyloid in the vitreous cavity after years of follow-up in vitrectomized patients. It was reported that the recurrence of amyloid deposition only occurred in incomplete vitrectomized eyes comparing eyes submitted to a vitrectomy without indentation and eyes submitted to an extensive vitrectomy with indentation. Some of these patients needed a second vitrectomy for vitreous opacities removal, which increases the surgical risks and has socioeconomic impact, showing that complete vitrectomy is a better choice. On the other hand, some authors have hypothesized that vitrectomy to remove the vitreous opacities increases the risk of development or worsening of glaucoma. It was concluded that glaucoma was more frequent in the group of patients that underwent vitrectomy, specially complete vitrectomy. In conclusion, the plan should be appropriate to each patient, assessing the risks and benefits of our intervention.