MANAGEMENT OF DE NOVO VITREOUS AMYLOID OPACITIES AFTER PARS PLANA VITRECTOMY

N. Ferreira
Surgical retina, Centro Hospitalar do Porto, Portugal

Purpose: report management of de novo vitreous amyloid opacities after previous pars plana vitrectomy. Methods: retrospective observational consecutive case series of 4 eyes. Demographic data, TTR mutation involved, age at the beginning of disease, period of evolution of disease, liver transplant, previous ocular surgeries, time between vitrectomy and re-intervention and ophthalmological changes were evaluated. Surgical re-intervention included a facoemulsification with intra-ocular lens implantation if phakic eye and a re-vitrectomy as complete as possible with posterior capsulotomy. Results: all patients were female and TTR Met30. Mean onset of disease age was 64 years and average evolution time of the disease was 6.5 years. Two patients had been submitted to liver transplant 4 and 9 years before. Time between first total vitrectomy and surgical re-intervention was longer than 30 months in all cases (30, 31, 38 and 57 months). Only one eye had amyloid deposits on anterior lens surface and scalloped pupil. One eye was phakic and none had glaucoma. All eyes had vitreous opacities on and behind posterior lens capsule (pseudopodia lentis) and in vitreous base. No further recurrence was observed after re-intervention. Conclusion: de novo vitreous amyloid opacities may occur several years after pars plana vitrectomy. Amyloid deposition in vitreous cavity was observed only in locations with strong vitreous adherence (behind posterior lens capsule and in vitreous base). Posterior capsulotomy associated to extensive re-vitrectomy seemed to be an effective procedure to prevent de novo vitreous amyloid opacities.