STRATEGY FOR THE MANAGEMENT OF OPTIC PIT MACULOPATHY
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Purpose: Although there is no clear consensus on optimal management for maculopathy associated with optic pit, in recent years there has been an increasing emphasis on vitrectomy. The purpose of this study is to evaluate the efficacy of primary pars plana vitrectomy (PPV) with internal limiting membrane (ILM) peeling, laser retinopexy and internal gas tamponade for the treatment of this condition.

Methods: Non-randomized, retrospective, interventional case series of eleven eyes of eleven consecutive patients (6 to 59 years of age) with unilateral macular detachment associated with optic disc pit. All patients underwent PPV with induction of posterior vitreous detachment, ILM peeling, laser photocoagulation and gas tamponade with postoperative facedown positioning for 1 week. Anatomical and functional outcomes were evaluated.

Results: Follow-up period was 11 to 56 months (mean 35 months) after surgery. Preoperative best corrected visual acuity (BCVA) ranged from counting fingers to 20/25. Complete retinal re-attachment followed by an improvement in visual acuity was achieved in all eyes. Final BCVA ranged from 20/80 to 20/20. No recurrences were observed during the follow-up period.

Conclusion: Our results suggest that this surgical approach is successful in improving the anatomical and functional outcome in patients with optic disc pit maculopathy. However, a prospective randomized controlled study is necessary to further determine the optimal treatment of this disease.