Purpose: To analyse the effect of triamcinolone intravitreal injection (TA IVI) on central macular thickness in previously vitrectomized eyes. Methods: Retrospective study including eyes that underwent 23G pars plana vitrectomy with macular edema despite previous laser or antiangiogenic therapy. It was studied Best Corrected Visual Acuity, Intraocular Pressure and Central Macular Thickness (Cirrus™ HD-OCT Zeiss Meditec®) changes after TA IVI. Results: 11 pseudophakic eyes of 9 patients were included with a mean (± standard deviation SD) age of 68.2±8.65 years. Macular edema was related to diabetic retinopathy (n=9 eyes), and followed vitrectomy for retinal detachment (n=1) and ocular trauma (n=1). Mean (±SD) interval between the pars plana vitrectomy and TA IVI was 11.12±4.5 months. Mean (±SD) intraocular pressure increased significantly from 16.45±2.58 mmHg at baseline to 19.85±3.34 mmHg after TA IVI (p=0.0041, paired sample t-test). Mean baseline Central Macular Thickness (±SD) was 489±145 μm. First measurement was 17.91±10.2 days post-TA IVI and the mean Central Macular Thickness (±SD) was 229±171 μm (p=0.0012 vs. baseline; paired sample t-test). Second measurement was 81.36±24.25 days post-TA IVI and mean (±SD) Central Macular Thickness was 355±121 μm (p=0.0315 vs. baseline; paired samples t-test). Central Macular Thickness-lowering effect of triamcinolone in vitrectomized eyes lasted a mean (±SD) of 11.62±3.46 weeks. Conclusions: Triamcinolone should be considered in the treatment of patients with persistent macular edema non-responsive to other standard-of-care therapies. Central Macular Thickness-lowering effect of triamcinolone in vitrectomized eyes approached the time-range of 12 to 14 weeks set for non-vitrectomized eyes.