SPONTANEOUS RESOLUTION OF STAGE IV MACULAR HOLE: CASE REPORT

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Purpose: To report the spontaneous resolution of a full-thickness idiopathic macular hole.

Materials and methods: A 61-year old female patient presented with decreased vision of the left eye. She underwent complete ophthalmological examination including best-corrected visual acuity (BCVA), Goldmann applanation tonometry, ophthalmoscopy, fluorescein angiography and Stratus optical coherence tomography (OCT). Follow-up examinations were performed at month I, III, VI, and at one year.

Results: At the first visit BCVA of the left eye was 20/100. OCT revealed a full thickness macular hole, and complete posterior vitreous detachment. In some of the OCT-slices an initial formation of an epiretinal membrane was present. The patient refused surgery and therefore was scheduled for further observation. At the first month there was no change in the ophthalmological status. At month III and VI however OCT revealed progression of the epiretinal membrane and filling of the macular hole, as well as a shallow foveal detachment. BCVA was still 20/100. At the end of the first year BCVA was already 20/40. OCT showed further progression of the epiretinal membrane with foveal traction and distortion of the foveal contour. There were cystoid abnormalities in the fovea.

Conclusion: Spontaneous closure of full-thickness idiopathic macular hole is considered very rare. In our case, we propose that glial cell proliferation over the gap and the contraction of the epiretinal membrane was the mechanism of the macular hole closure.