FUNCTIONAL AND ANATOMICAL OUTCOMES OF VITRECTOMY WITH INFERIOR RETINECTOMY IN PATIENTS WITH COMPLICATED RETINAL DETACHMENT AND PROLIFERATIVE VITREORETINOPATHY
D. Güven, S. Üke Uzun, A. Mavi, P. Akarsu, S. Çinar, A. Yıldız
Şişli Etfal Teaching and Research Hospital, 1st Eye Clinic, İstanbul, Turkey

Purpose: To evaluate the therapeutic effect of retinectomies for complicated retinal detachment with proliferative vitreoretinopathy (PVR).

Methods: Nine eyes of 9 patients with complicated retinal detachment with severe PVR were recruited for a noncomparative retrospective study. The operation technique included vitrectomy with/without scleral buckling, peeling, retinectomy, intraocular tamponade, laser treatment.

Results: Mean age of the patients was 65 (5-82). Seven of the patients were female. Retinectomy was indicated due to shortening and stiffness of retina, unrelievable fibrous contraction, retinal incarceration and, rolled and thickened retinal tear edges. There was PVR-CP in 8 eyes, PVR-CA in 3 eyes. Mean follow-up time was 10 months (1.5-24 months) Mean number of operations was 2.8(1-5). The extent of the retinectomy ranged between 120-220 degrees. In two eyes lens extraction was added to the procedure. The complications included localized bleeding from retinectomy site, hypotony, rolling of the detached retina, optic atrophy, recurrent fibrous proliferation and redetachment following silicone removal.(3eyes) Best corrected visual acuity(VA) changed between light perception to 20/200 (Snellen) before and after operation. VA was improved in 4 eyes and remained the same in 4 eyes. Retina was reattached in 8 eyes and final anatomical success rate was 88%.

Conclusion: Retinectomy can improve anatomical results in complicated retinal detachment but visual function seems to remain stationary.