SURGERY ON TWO PATIENTS WITH RHEGMATOGENOUS RETINAL DETACHMENT WITH COEXISTENT MACULAR HOLE

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A 46-year-old woman complaining decreased vision for 5 days in the right eye (OD) and a 64-year-old man complaining blurry vision for a week in the left eye (OS) were seen in the outpatient clinic. Visual acuity of the first patient was counting fingers, fundus examination revealed a macula-off retinal detachment (RD) with a horse-shoe tear at 8 o’clock position and associated macular hole (MH). A pars plana vitrectomy (PPV) and scleral buckling was performed and %12 C3F8 gas injection was done. No internal limiting membrane (ILM) peeling was performed. Face-down posture was maintained for one week. At two-week follow-up examination, the retina was attached and the MH was found to be closed. The second patient had a vision of hand-motions at presentation. In fundus examination, a macula-off RD involving superotemporal retinal quadrants with a tear at 1 o’clock position was seen. A MH was also observed. PPV with scleral buckling was performed and silicone oil was injected due to the inability to maintain face-down posture. In the first postoperative day, retina was attached and the macular hole was closed. In these two cases, MH associated with RD closed after vitrectomy without any specific interventions for MH, ie ILM peeling. Additionally, MH may close as early as the 1st postoperative day as observed in our second case with silicone oil injection.