SUCCESSFUL SURGICAL MANAGEMENT OF OPTIC DISC PIT MACULOPATHY BY 23 G PARS PLANA VITRECTOMY COMBINED WITH INTERNAL LIMITING MEMBRANE PEELING DOCUMENTED BY PROGRESSIVE DISAPPEARANCE OF SRF CONFIRMED BY OCT: A CASE REPORT

H. Muhtaseb, X. Maseras, I. Jürgens
Department of Ophthalmology, Hospital Universitari Sagrat Cor and Institut Catalá de Retina, Barcelona, Spain

Introduction: We report a case of a young male patient with serous macular detachment complicating optic disc pit, whose vision improved significantly after 1 year of being operated using 23 G pars plana vitrectomy (PPV) combined with internal limiting membrane (ILM) peeling and without the use of photocoagulation.

Case Presentation: A 37-year-old male patient presented with progressive blurring of vision of the left eye of 6-month duration. Ophthalmoscopy revealed a serous macular detachment complicating an optic disc pit in his left eye. 23 G vitrectomy was performed. Under peribulbar anesthesia, 23 G pars plana vitrectomy (PPV) with extraction of the posterior hyaloid and the internal limiting membrane (ILM) was performed. Sulfur hexafluoride (SF6) was injected as a gas tamponade. The retinal detachment and subretinal fluid improved significantly after 1.5 year and vision improved significantly to 0.9 without any visual field defect.

Conclusion: Standard vitrectomy with ILM peeling and gas tamponade without any additional laser photocoagulation seems to be sufficient for the treatment of optic disc pit maculopathy.