A 68-year-old female patient presented with decreased vision in left eye for one month duration. Ophthalmic evaluation revealed a visual acuity of 20/200 with a stage 2 macular hole. The patient underwent vitrectomy with removal of posterior hyaloid with the assistance of triamcinolone. Since the macular hole was stage 2 and posterior hyaloid was observed to be firmly attached over the macular area, no attempt was made for peeling of ILM. Eye was filled with 12% C3F8. Postoperatively, the patients were instructed to keep a face-down posture for one week. At one-month visit, the patient did not report any visual improvement, and ophthalmoscopy revealed a tiny gas bubble filling the macular hole that failed to close. There was %20 gas fill. At the 7-week follow-up visit, all gas in the eye including the small gas bubble within the macular hole had resolved, and the hole remained open. The patient underwent a repeat vitrectomy in which ILM was peeled using ICG dye, and the eye was filled with 20% SF6. At 2-week follow-up visit, the hole was observed to be closed. Visual acuity improved to 20/50 at one-month visit. The reason for the macular hole nonclosure in this case may be the lack of ILM peeling in the first operation. However, we believe that microbubble localized within the hole might have contributed to the failure. It is not possible to comment on whether the tiny gas bubble caused the non-closure or the bubble just filled the hole that failed to close.