ANATOMIC AND FUNCTIONAL OUTCOME OF TRIAMSINOLONE-ASSISTED 23-GAUGE VITRECTOMY IN VITREOMACULAR TRACTION SYNDROME

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Purpose: To evaluate the outcomes of patients with vitreomacular traction syndrome (VMT) treated with triamsinolon acetonid assisted 23-gauge transconjunctival sutureless vitrectomy.

Methods: Restrospective, case series. The medical charts of 13 eyes of 13 consecutive patients with VMT who underwent 23-gauge transconjunctival pars plana vitrectomy was reviewed. All patients had at least 6-month follow-up. The main outcome parameters were changes in best corrected visual acuity (BCVA) and central macular thickness (CMT) between the baseline and postoperative follow-up examinations performed at the 1st, 3rd, and 6th months after the surgery.

Results: The mean follow-up period was 7 (range 6-15) months. The mean preoperative BCVA was 1.3±0.4 (logmar). The final BCVA was 0.5±0.3 (logmar) (p =0.001). The mean CMT was 429±85 µm at baseline, which was significantly reduced to 255±47 µm at the final follow-up visit (p = 0.001). The mean CMT reduction was 174±101 (range: 32-348) µm. No postoperative complications were seen such as endophthalmitis, retinal detachment, hypotony or glaucoma.

Conclusion: Triamsinolon assisted 23-gauge transconjunctival sutureless vitrectomy is an effective and safe surgical technique in the management of VMT syndrome. Further studies with large case series are needed.