SUCCESSFUL TREATMENT OF MACULAR HOLE ASSOCIATED WITH OPTIC DISC PIT WITH VITRECTOMY/ ILM PEEL/ GAS WITHOUT LASER

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Purpose: To evaluate the efficacy of vitrectomy, ILM peel and gas tamponade without laser photocoagulation in a case of optic disc pit complicated with full thickness macular hole.

Case description: A 51 year old female presented with 6 months history of blurring of central vision and a nasal visual field defect in left eye. BCVA RE 6/6, LE 6/60. Biomicroscopy showed optic disc pit with peripapillary atrophy and serous detachment of the macula. There was also a full thickness macular hole overlying the foveaoschisis.

23 Gauge pars plana vitrectomy, ILM peel, active aspiration of sub-retinal viscous fluid via the full thickness macular hole and C2F6 gas tamponade was carried out. No laser was applied. Face down posturing was encouraged for 10 days.

Results: 8 weeks after surgery, significant resolution of symptoms with BCVA of 6/18+ was recorded. OCT showed complete closure of macular hole and marked reduction in macular detachment.

Conclusion: Full thickness macular holes associated with optic disc pit macular schisis may be treated without laser photocoagulation due to altered fluid dynamics which may be advantageous to easy aspiration during surgery and good visual recovery. However, larger studies with long term follow up would be required to confirm this observation.