Currently, for treatment of rhegmatogenous retinal detachment the episcleral methods and primary posterior closed vitrectomy were used. Unfortunately, to date there is not single point of view on the effectiveness of these methods.

Purpose: To assess the treatment results of patients with rhegmatogenous retinal detachment, operated by extraocular and intraocular methods.

Material and methods: 2 groups of patients with rhegmatogenous retinal detachment were examined. Follow-up was 5 years. In 1st group (71 eyes) patients were operated by episcleral methods. 1, 4 surgical procedures for patient were required for achievement of anatomical effect. Mean visual acuity was 0, 25 +/- 0,025 after treatment. Cataract development was noted in 22, 5%

Primary posterior closed vitrectomy with silicone oil tamponade was made in all patients in 2nd group (79 eyes). Silicone oil was removed within 1 – 3 months. 2, 7 surgical procedures for one patient were required for achievement of anatomical retinal attachment. Mean visual acuity was 0,125 +/- 0,03 after treatment. Cataract development was noted in 45, 5% of cases in this group. It should be noted that the percentage of the primary attachment in the groups was comparable and was 78% in the first group and 69.7% in the second one.

Conclusion: Thus, the analysis of the data shows that both methods allow achieving anatomical and functional results in the treatment of rhegmatogenous retinal detachment. However, the primary vitrectomy has increased morbidity. In turn, episcleral methods, though they seem invasive, allow achieving effect with fewer reoperations.