

RETINAL DETACHMENT SURGERY

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TITLE: CRYOPEXY VS INDIRECT LASER PHOTOCOAGULATION FOR TREATMENT OF RETINAL DETACHMENT
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PURPOSE: Proliferative vitreoretinopathy is the commonest post-operative complication of retinal detachment often related to cryopexy. We therefore evaluated the role of retinopexy in the development of PVR.
METHODS: An homogeneous group of patients with rhegmatogenous retinal detachment underwent ab externo surgery with either a cryopexy or an indirect laser photocoagulation. The parameters utilized were recorded.
RESULTS AND CONCLUSIONS: The results obtained confirm the validity of indirect laser photocoagulation in both the retinopexy and in the avoidance of postoperative complications.

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REOPERATIONS FOLLOWING VITRECTOMY FOR DIABETIC RETINOPATHY

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Purpose: To assess risk factors and visual outcome of reoperations after vitrectomy for diabetic retinopathy.

Methods: The charts of 327 consecutive patients (412 eyes) operated by the authors in the last 4 years for complications of diabetic retinopathy were retrospectively reviewed. Preoperatively the retina was flat in 171 eyes, in 239 eyes it was detached. Mean follow up was 16 months.

Results: 114 eyes required vitreoretinal reoperations. 46 for recurrent vitreous hemorrhage, 48 for retinal detachment and 20 for removal of silicone. In 34 eyes a third operation, in 11 eyes a 4th, in 5 eyes a 5th, and in 2 eyes 6 operations were necessary. Visual prognosis after reoperation for vitreous hemorrhage was good, while after reoperation for retinal detachment functional results were guarded. Risk factors for detachment were iatrogenic retinal breaks and lack of endophotocoagulation. With increasing number of reoperations visual prognosis became worse, but even after 5 operations ambulatory vision was preserved in some cases. Cataract surgery was performed in 54 out of 308 phacic eyes. No severe complications were seen after cataract surgery.

Conclusions: With current indications for vitreoretinal surgery in diabetic retinopathy reoperations are necessary in a considerable proportion of cases. Although visual prognosis is guarded after reoperations for retinal detachment, ambulatory vision can be preserved in many cases even after repeated reoperations. Cataract surgery can be safely performed after vitrectomy in diabetic patients.

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ANATOMICAL AND FUNCTIONAL OUTCOME IN RETINAL DETACHMENT COMPLICATED BY ADVANCED PROLIFERATIVE VITREORETINOPATHY IN CHILDHOOD

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Purpose To analyse anatomical and functional results of retinal detachment surgery in cases complicated by proliferative vitreoretinopathy in childhood.

Methods Thirty six consecutive cases of retinal detachment complicated by PVR stages C1 and more in childhood were analysed retrospectively. All the cases associated scleral buckling, pars plana vitrectomy, complete membrane peeling, injection of liquid perfluorocarbon (LPFC), endophotocoagulation, and internal tamponade. In selected cases lensectomy and/or relaxing retinotomy were required.

Results Predominant etiologies were blunt trauma and high myopia. Anatomical success was obtained with one operation in 7 cases, and 2 or more operations in 14 cases. Final visual acuity was <0.1, 0.1-0.4 and 0.4 or more in 23, 10 and 3 cases respectively.

Conclusion Complicated retinal detachment in childhood represents a high proportion of overall RD in childhood and could be treated using aggressive vitreoretinal procedures with comparative visual outcome to RD's in adult.

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RETINAL DETACHMENT COMPLICATING RECURRENT OCULAR TOXOPLASMOSIS

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Purpose Recurrent ocular toxoplasmosis is an important cause of blindness throughout the world. Permanent loss of vision can either be the result of direct involvement of the macula or optic nerve in the inflammation, or can be related to well-recognized complications such as macular oedema, subretinal neovascularisation, retinal or choroidal vascular occlusion. Relatively little is known about the incidence and prognosis of retinal detachment as a complication of the disease.

Methods We have performed a retrospective study of 15 immunocompetent patients with ocular toxoplasmosis, complicated by retinal detachment either at an active or inactive stage of the disease.

Results The retinal detachments associated with ocular toxoplasmosis were either rhegmatogenous (8 patients), tractional (2 patients) or combined rhegmatogenous/tractional (5 patients). A high frequency of complications was observed: proliferative vitreoretinopathy (5 patients), macular pucker (2 patients), giant retinal tear (1 patient).

Conclusions The complexity and the high complication rate of the retinal detachments described in our series of ocular toxoplasmosis patients contrasts with previous reports in the literature.