

Pathogenetic Approach to Surgery of Rhegmatogenous Retinal Detachment Associated with Choroidal Detachment

Vitreoretinal Surgery

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Purpose

To study the efficacy of triamcinolone acetonide (TA) + perfluoropropane intravitreal injection as preoperative treatment for eyes with rhegmatogenous retinal detachment complicated by choroidal detachment.

Setting/Venue

Choroidal detachment (CD) – a complication of rhegmatogenous retinal detachment (RRD) is a bad prognostic factor for treatment. Preoperative systemic steroid therapy improves treatment prognosis but it has major drawbacks.

Methods

53 patients (53 eyes) with RRD complicated by CD underwent standard ophthalmological examination and ultrasound tests - ciliary body UBM, B-scan for choroid and retina - before and after pre-vitreotomy treatment. 34 eyes (64.2%) had high myopia, pseudo- and aphakia – 19 eyes (35.9%), mean IOP - 6.8 ± 1.48 mmHg. CD in 4 quadrants – 35 eyes (66.0%). All eyes had ciliary body edema and detachment extending into the choroid. The mean height of choroidal detachment was 4.49 ± 2.29 ranged from 0.3 - 8.5 (mm). UBM findings included ciliary body edema and disorganization of the pars plana supraciliary layer, (was detected by presence of multiple oblique fibers).

Results

Relief of inflammation signs, ciliochoroidal reattachment, IOP increase, reduction of ciliary body edema were effectiveness criteria of the proposed method. In all eyes in 1-4 days significant decrease of opacities and elimination of intraocular inflammation signs were achieved, mean IOP increased from 6.8 ± 1.48 to 11.2 ± 2.3 mmHg. Treatment resulted in reattachment of choroid and ciliary body, ciliary body edema reduction (ciliary thickness reduced from 0.83 ± 0.09 to 0.65 ± 0.09 mm, with a difference of 0.18 ± 0.07 mm, $p < 0.001$).

Conclusions

Intravitreal injection of TA + perfluoropropane is an effective method for treating rhegmatogenous uveal syndrome with its characteristic ciliochoroidal detachment, hypotonia and ciliary body edema. The described method of treatment can be proposed as preoperative preparation for this form of rhegmatogenous retinal detachment.

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