

Endoresection of the large choroidal hemangioma in young girl with Sturge-Weber syndrome

Vitreoretinal Surgery

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Video description

We share the results of endoresection of large choroidal hemangioma complicated by exudative retinal detachment in 21-year-old woman with Sturge-Weber syndrome. The diagnosis was made based on the findings of comprehensive eye examination (visual acuity, biomicroscopy, ophthalmoscopy, tonometry, perimetry) and imaging (ultrasound examination). Maximum tumor height was 7.0 mm, maximum basal diameter - 16.0 mm. Outcome measures included anatomical success (retinal reattachment), visual acuity, the presence of intraoperative and postoperative hemorrhagic complications. A 25G pars plana vitrectomy was performed. A posterior hyaloid was separated using active aspiration via the vitreous cutter over the optic disc. In order to explore the hemangioma - 360° retinotomy was performed. The retina was replaced under perfluorocarbon tamponade. High-frequency electric welding of biological tissues (HFEW) around hemangioma with a modified high-frequency current generator EK-300M1 and proprietary 23G welding probe was used to minimize the risk of intraoperative hemorrhage. One electrode was secured to the blepharostat, and another was passed endovitrally. The welding voltage was set to 24-30 V, welding current, to 0.3A, welding current frequency, to 66.0 KHz, and welding time, to 1.0 s. Next step - endoresection of hemangioma, laser coagulation at the edge of retinotomy. The procedure was concluded by the tamponade of the vitreous cavity with 5700cSt silicone oil.

Financial Disclosures: No

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