

## Abstract 104

### ILM REMOVAL TECHNIQUES IN TERSON'S SYNDROME

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#### **Introduction:**

Terson's syndrome encompasses any intraocular haemorrhage associated with intracranial subarachnoidal haemorrhage and increased intracranial pressures. Premacular haemorrhages have been reported in up to 39% of cases, often with a location beneath the ILM. Spontaneous reabsorption of the haemorrhage may occur, but this could take 1–2 months, during which time the persistence of blood may irreversibly damage the retina and cause permanent visual loss as a result of the formation of preretinal tractional membrane and proliferative vitreoretinopathy. Vitrectomy surgery with complete removal of ILM allows early visual rehabilitation and also avoids above mentioned complications of longstanding haemorrhage.

#### **Materials and methods:**

Patient's with Terson's syndrome having sub-ILM hemorrhage with or without vitreous hemorrhage underwent vitrectomy surgery. The ILM was removed with different techniques which will be demonstrated with videos depicting the use of cutters, ILM forceps, Tano's diamond dusted scraper and finesse loop.

#### **Results:**

ILM peeling allowed complete aspiration of the hemorrhage and resulted in excellent and early visual recovery. No procedure-related complications were observed. Different techniques can be used to remove the ILM depending on the type and duration of the sub-ILM hemorrhage and also the height of the elevated ILM due to the underlying hemorrhage.

#### **Conclusions:**

Early vitrectomy surgery with complete removal of ILM allows early visual rehabilitation without any surgical complications in patients with sub-ILM hemorrhage in Terson's syndrome. Use of special techniques using special instruments like Tano's DDS or finesse loop or ILM forceps aids in the atraumatic and complete removal of ILM .

#### **Sources:**

1. Castren JA. Pathogenesis and treatment of Terson syndrome. *Acta Ophthalmol* 1963;41:430–4.
2. Kuhn F, Morris R, Witherspoon CD, et al. Terson syndrome. Results of vitrectomy and the significance of vitreous hemorrhage in patients with subarachnoid hemorrhage. *Ophthalmology* 1998;105:472–7.