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SURGICALLY-INDUCED PVD AS A POTENTIALLY DELETERIOUS MANEUVER: A MINI CASE SERIES WITH ESCALATING SITUATIONS.

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Introduction:

Along with the expanded indications for vitrectomy, induction of a posterior vitreous detachment (PVD) has become a routine surgical maneuver. The aim is to separate the vitreous cortex from the ILM and to release the adhesion to the ONH and mobilize the vitreous as far peripheral as possible. In eyes with macula pathologies that need vitrectomy and have a primarily attached vitreous, intraoperative peripheral retinal tears occur up to 32%. Surgeons are aware of this complication and immediate treatment is part of surgery.

Materials and methods:

However, iatrogenic PVD does not only harm the peripheral retina, but may also affect the remaining neuroretina. We present a mini cases series of 4 eyes in which unusual and unexpected complications due to surgical PVD did occur: a case with multiple retinal hemorrhages, one with retinal nerve fiber defects that caused a circumscribed scotoma, another with a macula tear with hemorrhages and finally a central retinal tissue avulsion.

Results:

The corresponding findings and outcomes are presented. Based on the anatomy of the vitreoretinal interface we offer explanations how these complications could arise.

Conclusions:

Although rare, surgeons should be aware of other complications than peripheral retinal tears. PVR-induction is a forced maneuver to overcome the vitreoretinal connections and is different to a spontaneous PVR.