

Abstract 183

PARS PLANA VITRECTOMY WITH RETINOSCHISIS CYST ASPIRATION AS A TREATMENT OPTION FOR MACULAR RETINOSCHISIS IN COAT-LIKE RETINITIS PIGMENTOSA

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Introduction:

The purpose of this report is to present surgical treatment of a patient with macular cystic retinoschisis secondary to Coats-like retinitis pigmentosa (RP) unresponsive to anti-vascular endothelial growth factor (anti-VEGF) and laser photocoagulations.

Materials and methods:

Case report involving clinical examination, fundus photography, fluorescein angiography, optical coherence tomography, ocular ultrasound and surgical video.

Results:

A 45-year-old female with RP was referred for vitreoretinal surgery due to macular detachment. The patient was diagnosed with bilateral prominent macular retinoschisis secondary to Coats-like RP. The patient received a total of six anti-VEGF injections and laser ablation of telangiectatic vessels twice in both eyes without any response. Both eyes underwent pars plana vitrectomy, cyst aspiration, endolaser to telangiectatic vessels and sulfur hexafluoride tamponade one month apart. The surgical treatment resulted in anatomical and functional improvement.

Conclusions:

Coat-like exudative vitreoretinopathy may develop in patients with RP and accelerate the progression of vision loss. In extremely rare cases, patients with Coats-like RP may develop bullous macular retinoschisis, which can cause a sharp reduction in central vision. Macular retinoschisis secondary to Coats-like RP may be resistant to anti-VEGF and laser ablation treatment. In these patients, rapid resolution can be achieved with pars plana vitrectomy and intraretinal fluid aspiration, and both anatomical and functional improvement can be achieved.