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IS THERE A RIGHT SIZE OF ILM PEELED AREA IN MACULAR HOLE SURGERY?

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Introduction:

The ILM may act as a scaffold for cellular proliferation –glial cells may migrate onto the surface of the ILM and contribute to the tangential contractile force, which thought to be important in the pathogenesis of MH.

Materials and methods:

With ILM peeling we release this tangential traction allowing the retina to move more freely to initiate MH repair. It is difficult to determine a good cut-off value for the peeled area that confirms the best anatomic and functional outcomes.

Results:

Some of studies have suggested that broader and more complete ILM peeling could facilitate MH closure.

ILM peeling might reduce retinal sensitivity, and notably increase the incidence of microscotomas.

Increasing the size of ILM peeling did not increase the final closure rate of MHs, irrespective of its size, duration, or staging.

Conclusions:

Careful assessment of preoperative OCT anatomy in order to individualize and optimize surgical planning for MH surgery.

The factors predicting visual success were better pre-operative VA, smaller hole size, shorter duration of symptoms and the absence of AMD.

Sources:

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