

Abstract 268

VITRECTOMY FOR MULTILAYERED HEMORRHAGE IN SICKLE CELL RETINOPATHY

Holla A.^{*[1]}, Lash S.^[2], Antonakis S.^[3], Gupta B.^[4]

^[1]Worcestershire Acute Hospitals NHS Trust ~ Kidderminster ~ United Kingdom, ^[2]University Hospitals Southampton ~ Southampton ~ United Kingdom, ^[3]~ Southampton ~ United Kingdom, ^[4]University Hospitals Southampton ~ Southampton ~ United Kingdom

Introduction:

A 45 year old Nigerian male presented to the VR service with Right eye Proliferative Sickle cell retinopathy and Left eye Fundus Obscuring vitreous hemorrhage. The Left eye B scan was suggestive of a retinal detachment and Vitrectomy was planned. Preop Vision was 6/6 in the right eye and Light perception in the left eye.

Materials and methods:

The video shows events during vitrectomy where apart from the vitreous hemorrhage, peripheral breaks around sea fan lesions and a massive sub macular hemorrhage with proliferative vitreoretinopathy over the posterior pole are noted.

An epiretinal membrane peel was done to relieve some traction and a retinotomy was used to remove the subretinal blood. Laser retinopexy around the peripheral areas with silicone oil 2000 tamponade was used to settle the retina.

Results:

Postoperatively the retina remains attached under oil with a Visual acuity Counting fingers and pinhole improvement to 6/36 in the left eye. He awaits silicone oil removal.

Conclusions:

Vitrectomy is safe and effective in Multilayered haemorrhage with good anatomical success and should not be delayed.

Sources:

Williamson, T., Rajput, R., Laidlaw, D. et al. Vitreoretinal management of the complications of sickle cell retinopathy by observation or pars plana vitrectomy. *Eye* 23, 1314–1320 (2009). <https://doi.org/10.1038/eye.2008.296>