Abstract 411

MORNING GLORY SYNDROME RELATED RETINAL DETACHMENT: DESPERATE TIMES, DESPERATE MEASURES

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Introduction:

Purpose: This study aims to report surgical outcomes of retinal detachment (RD) associated with Morning Glory syndrome and discuss surgical techniques.

Materials and methods:

Method: This retrospective, interventional case series included 4 patients with morning glory syndrome who underwent vitreoretinal surgery for RD. Clinical features, surgical techniques, and anatomical outcomes were evaluated.

Results:

Results: The mean age at surgery was 3.5 (2-5) years. Two patients had total, and two had subtotal RD; with three having PVR and subretinal bands on presentation. Additional peripheral retinal breaks were noted in two cases. Surgical interventions included pars plana vitrectomy with posterior hyaloid removal, peripapillary laser photocoagulation, the use of tisseel fibrin sealant, amniotic membrane graft, and tenon's capsule graft to cover the Morning glory disc and large excavation, along with 5000cs silicone oil tamponade. The patients underwent an average of 2.5 (1-3) surgeries for recurrent RD. Silicone oil removal resulted in intraoperative recurrence of RD requiring re-tamponading with silicone oil. The retina remained attached under silicone oil in all eyes during a mean follow-up of 9 (3-15) months after the final surgery. No signs of infection or silicone oil-related complications were observed during this period.

Conclusions:

Conclusion: Management of RD in MGS poses substantial challenges, often resulting in recurrences despite varied interventions. Sealing the excavation with materials such as amniotic graft or Tenon's capsule supported by silicone oil tamponade, appears most promising. The tendency for recurrence post-silicone oil removal underscores the need for prolonged tamponade. Larger-scale studies are warranted to refine optimal surgical strategies for this intricate condition.

Sources:

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