

## Abstract 437

### MYOPIC MACULAR HOLE COMPLICATED BY POSTERIOR RHEGMATOGENOUS RD AND SUBFOVEAL CNV. MANAGEMENT

Ehnaidy A.\*

*Awdat Albasar Co Ltd, HNAIDY Clinic ~ Tripoli ~ Libyan Arab Jamahiriya*

#### Introduction:

The formation of macular hole after receiving anti-vascular endothelial growth factor (anti-VEGF) therapy is rare but it can occur in highly myopic eyes, in addition the combination of macular hole with retinal detachment (MHRD) and macular hole with retinal detachment plus CNV can occur.

#### Materials and methods:

We report a case of 70 yrs old patient with bilateral myopic CNV, has H/O bilateral multiple anti VEGF injections, 2 months before our surgery he developed worsening of her already poor vision, O/E, patient VA is light perception and at fundus exam we found macular hole with posterior macular hole related retinal detachment, Patient underwent PPV, aspiration of subretinal fluid during fluid air exchange through macular hole, flattening of retina, removal of subfoveal CNV through macular hole, staining macula, ILM peeling, silicone oil injection.

#### Results:

Immediately postoperatively, the macular hole is closed, retina flat and Visual acuity improved after one month to CF 4m

#### Conclusions:

In our current case, macular hole retinal detachment repair, MH closure and cure of the AMD were all achieved by using vitrectomy combined with CNV removal. Even so, at the present time CNV removal is not considered to be a primary treatment option for AMD. However, if the formed MH remains open and the cause of retinal detachment, the underlying CNV is predominantly classic and inactive, and the location of the CNV spares a significant portion of the fovea, as was seen in the current case, CNV removal may be an acceptable procedure for improving the visual function and managing the AMD. CNV removal via the MH may be an acceptable procedure, if MH remains open, and if MH is causing retinal detachment, the CNV is of the classic type, and it spares a central portion of the fovea

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