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BIMANUAL VITRECTOMY IN DIABETIC COMPLEX RETINAL DETACHMENT: ANATOMIC AND FUNCTIONAL OUTCOMES.

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Objective:

To evaluate the efficacy, post-surgical outcomes and complications of bimanual pars plana vitrectomy for management of advanced diabetic eye disease- Complex Retinal detachment.

This study was a prospective, longitudinal, experimental and comparative trial. Adult patients with advanced diabetic eye disease characterized by tractional retinal detachment who have indication for surgical treatment were included. Patients with previous ophthalmologic surgery or those with additional indication for placement external indentation devices were excluded. After full ophthalmic examination all patients underwent bimanual pars plana vitrectomy by the same expert surgeon with or without phacoemulsification and posterior chamber intraocular lens implantation. Preoperative, intraoperative and postoperative data were collected and analyzed by means of GRAPHPAD PRISMA 9.0.0. Numerical data were expressed as mean and standard deviation. Qualitative data were expressed as frequency and percentage. Patients were followed-up for an average of 6 months after their surgery.

20 eyes of 20 patients have been studied so far. 90.90% of patients underwent combined phacovitrectomy procedure with silicone oil injection tamponade. The average time of surgery was 63 minutes. Limitorhexis was performed in one case due to concomitant macular hole. Mixed retinal detachment was identified in only one case. Iatrogenic breaks were occurred in 45.45% of cases. Endo-laser photocoagulation was done in 10 cases (90.90%). There was an improvement of best corrected visual acuity in 8 cases (72.72%) showing an average gain of 16 lines on a logarithmic scale. Visual acuity remained the same in 9.09% and decreased in 18.18% of patients.

Bimanual pars plana vitrectomy is effective and safe for the management of complex tractional retinal detachment due to diabetic retinopathy, exhibit improvements in visual acuity in most patients and providing clinical stability during follow-up.