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LYOPHILIZED AMNIOTIC MEMBRANE VS. INTERNAL LIMITING MEMBRANE FOR MYOPIC MACULAR HOLE ASSOCIATED WITH RETINAL DETACHMENT

Ramirez--Estudillo A.*, Bayram--Suverza M., Rios--Nequis G.

Hospital De Nuestra Señora de la Luz ~ Mexico City ~ Mexico

Maculopathy secondary to pathologic myopia (PM) is an increasingly common cause of visual impairment and blindness worldwide. One of its most challenging complications is macular hole-associated retinal detachment (MHRD). Surgical management can be approached externally using macular buckle techniques or internally through pars plana vitrectomy and tangential traction release. To present the anatomical and functional outcomes of two surgical techniques for treating myopic macular hole-associated retinal detachment: internal limiting membrane (ILM) inverted flap and lyophilized amniotic membrane (LAM) patch.

Sixteen patients with MHRD were included and divided into two groups. Group A underwent pars plana vitrectomy with ILM peeling and inverted flap technique. Group B received a LAM patch over the macular hole. All patients were followed with structural OCT and functional evaluation using microperimetry

Retinal reattachment was achieved in all cases. Structural recovery was superior in the ILM group, as demonstrated by OCT. However, microperimetry revealed that the LAM group exhibited better fixation points, precisely in the area of the patch. ILM flap creation in highly myopic eyes can be challenging and not always reproducible, making LAM a valuable alternative with comparable outcomes

Lyophilized amniotic membrane offers a viable and effective alternative to the ILM inverted flap technique in the management of MHRD, especially in cases where ILM manipulation is difficult or unfeasible