Abstract 158

FULL THICKNESS MACULAR HOLE IN EYES WITH AMD

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Purpose: To demonstrate that FTMH in eyes with AMD is surgically treatable, as it is in eyes without AMD.

Case-report No.1: A 71-year-old female patient with non-exudative AMD and drusenoid pigment epithelial detachment (PED) was observed due to the development of FTMH on top of the drusenoid PED (height 460 µm) with BCVA of 0.4. After worsening of visual acuity to 0.2 and enlargement of the hole to a 620 µm diameter, she underwent vitrectomy with a temporal inverted flap and gas tamponade. A brief video will illustrate peeling of a flap in the elevated area of the PED. Successful closure of the macular hole was observed after gas absorption. Height of PED decreased in three weeks to 420 µm. BCVA remained the same, but the central scotoma disappeared, which the patient greatly appreciated. Five months after surgery, collapse of drusenoid PED appeared, with the same visual acuity. Seven months after vitrectomy, cataract surgery was performed.

Case-report No.2: A 62-year-old female patient with exudative AMD treated with anti-VEGF (after 34 injections), at regular 8-week check-up, reported worsening of the treated eye to BCVA of 0.16. OCT showed, in addition to active exudation of CNV, the recent development of FTMH (310 µm diameter). Patient underwent vitrectomy with temporal inverted flap, cryopexy of peripheral breaks, and gas tamponade. One month after surgery, closure of the macular hole was observed, with a small amount of subretinal and intraretinal fluid due to wet AMD, with BCVA improving to 0.4. We continued with anti-VEGF injections using the same active ingredient every 8 weeks, but the visual acuity gradually decreased to 0.16 with persistent activity.

Case-report No.1: One month after cataract surgery, BCVA improved surprisingly to 0.6. More than two years after hole closure, BCVA worsened to 0.5 due to RPE and photoreceptor atrophy and has remained stable since.
Case-report No.2: One year after surgery, BCVA is 0.16. The macular hole is closed, but the persistent activity of macular degeneration is gradually worsening vision.

The development of a macular hole is not an indication for the termination of anti-VEGF therapy in cases of exudative AMD, and AMD terrain requires a smooth interaction between standard surgical and medical retina processes. Visual outcomes in eyes with AMD are likely to be more unpredictable and unstable due to concomitant degenerative processes.