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INADVERTENT SUB-MACULAR TRIAMCINOLONE DURING PARS PLANA VITRECTOMY FOR EPIRETINAL MEMBRANE

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To describe a case of inadvertent sub-macular triamcinolone acetonide (TA) deposition following a TA-assisted pars plana vitrectomy (PPV) for epiretinal membrane (ERM).

In this interventional case study, a 75-year-old female with ERM- induced visual distortion underwent TA-assisted 25-gauge three- port PPV, endolaser photocoagulation, and sulfur hexafluoride (SF6) gas tamponade to treat ERM in her left eye.

During the surgery, a large TA deposition was observed in the sub-macular area. After peeling the ERM and internal limiting membrane (ILM), TA suspension was not removed and left in place. Eight % of SF6 gas was used as an endotamponade at the end of the surgery. One month after PPV, the retina was flat, with neither significant vitreoretinal interface irregularities nor macular ultrastructural abnormalities. Vision improved from 0.40 to 0.3 logMAR, and there was no evidence of any ophthalmoscopic damage.

In this case of inadvertent sub-macular TA deposition, the ERM was eventually treated with no observable adverse effects.

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