

Abstract 25

VITRECTOMY RESULTS FOR RHEGMATOGENOUS RETINAL DETACHMENT WITH CONCOMITANT MACULAR HOLE IN NONMYOPIC PATIENTS

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Purpose: To report on results of pars plana vitrectomy with ILM peeling in patients with rhegmatogenous retinal detachment (RRD) and concomitant macular hole (MH) and to assess for preoperative associated conditions related to this type of RRD.

Methods: Patients undergoing surgical repair for RRD between 2014 and 2021 were reviewed, and subjects with concomitant, non-causal, macular hole were identified. We studied post-operative macular status, retinal reattachment rate and visual acuity.

Results: Over 532 eyes operated on for RRD, 11 (2.06%) had a concurrent non-causal macular hole. Preoperative PVR B or superior was recorded in 86 eyes (16.6%) of the entire cohort and in 6 eyes (54.54 %) with RRD and concomitant MH ($p=0.00001$). Severe hypotony with choroidal detachment was present in 15 eyes (2.81%) of the entire cohort and in 3 eyes (27.27%) with RRD and concomitant MH ($p=0.00001$).

Conclusions: RRD with concomitant MH is an infrequent association. Retinal reattachment and anatomical hole closure can be achieved in most of cases but despite this fact, functional recovery is usually not good. Preoperative PVR is a more frequent finding in this group of patients, as well as severe hypotony with choroidal detachment.

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