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VISUAL AND ANATOMICAL OUTCOMES OF PRIMARY RETINECTOMY IN DIABETIC TRACTIONAL RETINAL DETACHMENT

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To investigate the impact of retinectomy on anatomical and visual outcomes in patients undergoing pars plana vitrectomy (PPV) for diabetic tractional retinal detachment (TRD).

Patients who underwent primary retinectomy during PPV for diabetic TRD were retrospectively evaluated. Best corrected visual acuity (BCVA) before surgery and at the final follow-up, retinectomy characteristics, and final retinal attachment status were documented.

Thirty-eight eyes of 38 patients with mean age 60.55±10.00 years were included. Mean follow-up was 23.53±27.40 months. The most common locations of the retinectomy sites were extended posterior to the equator (39.5%), around the equatorial zone (34.2%), and peripheral retina (26.3%). At the final visit 65.8% of patients experienced improved or maintained BCVA. Temporal retinectomy was associated with worse visual outcomes. Furthermore, 26 (68.4%) eyes were attached without tamponade, 10 (26.3%) were attached under silicone oil and 2 (5.6%) remained detached under silicone oil.

These results indicate that retinectomy, when performed as necessary in eyes with diabetic TRD, does not result in poor functional and anatomical outcomes, contrary to prevailing beliefs. In addition, due to the association of temporal retinectomy with poor visual prognosis, it would be more rational to monitor the membranes and retinal changes in the temporal retina more closely.