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STAGED VITRECTOMY IN DIABETIC TRACTIONAL RETINAL DETACHMENT: A TWO-STEP SURGICAL STRATEGY

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Uncontrolled proliferative diabetic retinopathy (PDR) can lead to fibrovascular proliferation and tractional retinal detachment (TRD). This study presents a two-stage surgical approach in eyes with diabetic TRD and advanced proliferative vitreoretinopathy (PVR), aiming to minimize the need for unnecessary retinectomy.

A retrospective observational study

This was a retrospective observational study including four patients with TRD secondary to PDR. In the first stage, standard pars plana vitrectomy was performed. Significant intraoperative bleeding during this stage posed a risk for iatrogenic retinal tears during clot removal. To reduce this risk, a second surgery was scheduled two weeks later. Endolaser photocoagulation was applied to reattached retinal areas, and silicone oil tamponade was administered. At the second surgery, hemorrhages had largely resolved, allowing improved visualization of the underlying PVR areas. This approach minimized the risk of retinal tears caused by intraoperative bleeding and enabled targeted intervention only where necessary. As a result, iatrogenic tears and unnecessary retinectomy were avoided in all cases.

In selected cases of advanced diabetic TRD, a two-stage surgical approach may reduce the risk of clot-induced retinal tears and limit the need for unnecessary retinectomy. This method offers a safer alternative for managing complex diabetic retinal detachments.