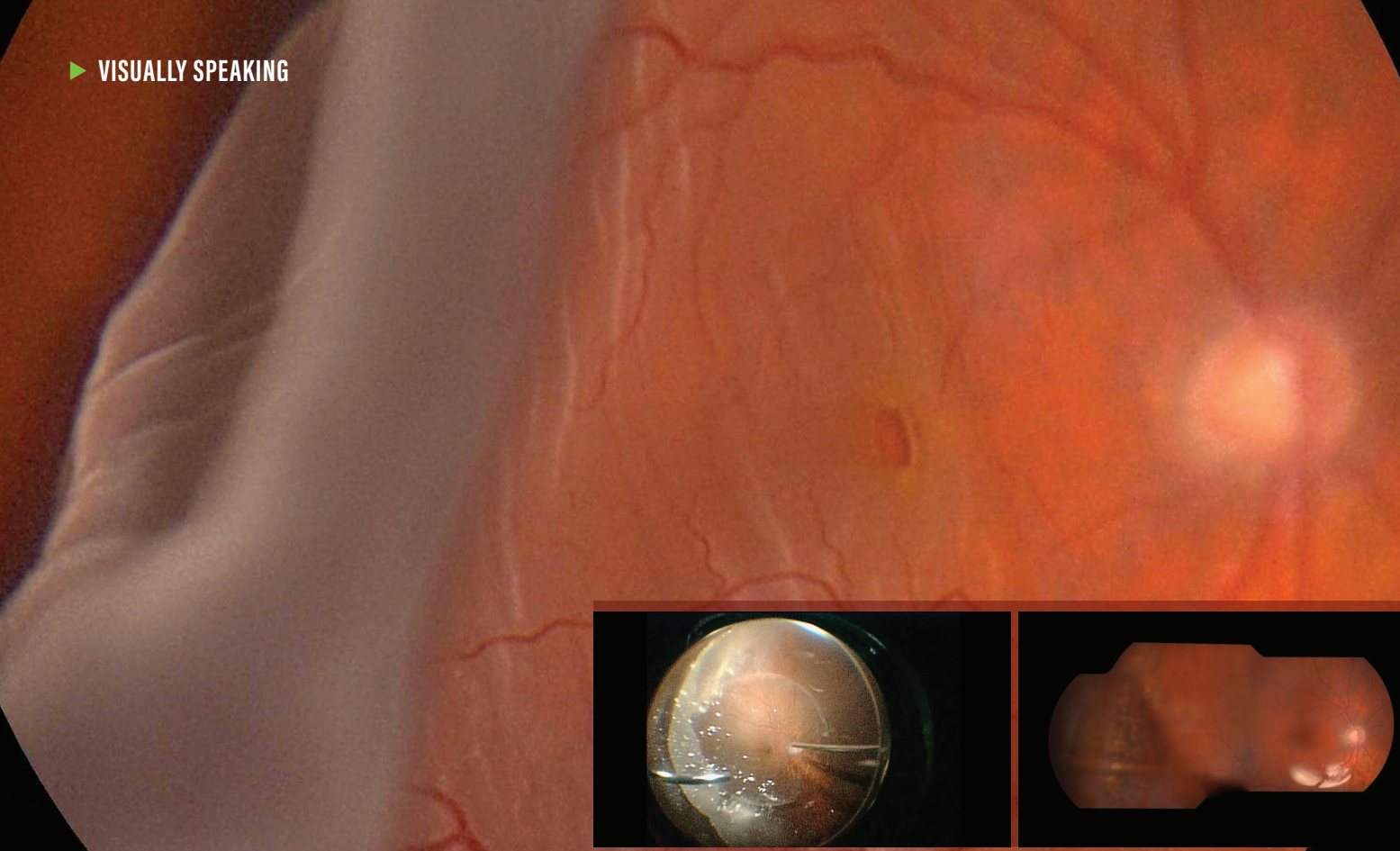




RETINAL DETACHMENT WITH GIANT RETINAL TEAR AND MACULAR HOLE

BY MATTEO FORLINI, MD; ALESSANDRO ROMANI, MD; AND PURVA DATE, DNB, FVRS

A 61-year-old man presented with a sudden reduction in vision in his right eye (OD) lasting 3 days. His BCVA at presentation was 20/200 in each eye (OU). He had a history of cataract surgery OD performed 4 years earlier. Slit-lamp examination showed a normal anterior segment with pseudophakia OD and advanced cataract in the patient's left eye (OS). Fundus examination revealed a complete retinal detachment OD with a giant retinal tear that extended from the 7 o'clock position to the 11 o'clock position, another small retinal tear at 3 o'clock, and a full thickness macular hole (Main Figure).

Vitrectomy was performed using 23-gauge instrumentation. The edges of the tear were unrolled, and complete retinal reattachment was achieved under perfluorocarbon liquid. Intraoperative endolaser was performed around the peripheral retina for 360° and around the edges of the tears. Perfluorocarbon liquid was exchanged with silicone oil 5000 cs as final

tamponade (Inset, left).

At the 6-month follow-up visit, the patient's retina was attached and the macular hole was repaired. It is possible to appreciate the wide scar in the temporal quadrant as a consequence of the giant retinal tear and the surrounding laser photocoagulation (Inset, right). A mild rise in intraocular pressure was successfully managed with a combination topical beta blocker and carbonic anhydrase inhibitor. Silicone oil tamponade remains in situ and is scheduled to be removed 9 months after the date of the primary vitrectomy. The patient's BCVA is 20/125 OD. ■

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