Surgical Approach to massive subretinal hemorrhages secondary to neovascular ARMD

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Causes of Submacular Hemorrhage

- exudative age-related macular degeneration,
- macroaneurysms,
- polypoidal choroidal vasculopathy,
- trauma
Poor visual prognosis if left untreated

• mechanical damage to the PR by fibrin infiltration between the IS and OS of PR .......destructive shearing of the cells.

• iron and hemosiderin (hemolysis): direct toxic effects on PR.

• If the subretinal clot is too thick, diffusion of nutrients from the choroid to the PR can be impaired.
Approach to patient

• Decisions must be made on a case-by-case basis.
• If the hemorrhage >50% of the lesion
• If it affects fovea
• Within 2 weeks
Treatment Options for Submacular Hemorrhage

- Anti-VEGF
- IV Gas +/- tPA, face down
- PPV+Subretinal tPA +Gas
- or....
- Macular translocation
- Choroidal patch graft
• IV SF6, Face Down, 3 days later: VA: 0.3

IV Anti-VEGF
a month after 1st anti-VEGF: VA: 0.5

2nd IVR: 0.6

3rd IVR: 0.7
Last visit: VA: 0.8
64y old M, VA: CF 2m (L)

• SF6 Gas + IV tPA
VA: 0.2 (5 days later)
• 1x PDT + 2x anti-VEGF: VA: 0.4

Last visit: VA: 0.4
Large Bullous Hemorrhagic Retinal Detachments

- Retinotomy-Choroidal patch graft
- Macular translocation
69y old M, having injections for ARMD
VA: R: CF 2m, L: HM (for the last 2 days)
Postop 1st month: VA: 0.1
Postop 7th month:
VA: 0.2, near reading: 20/30
Medicine is a science of Art!

THANK YOU.....