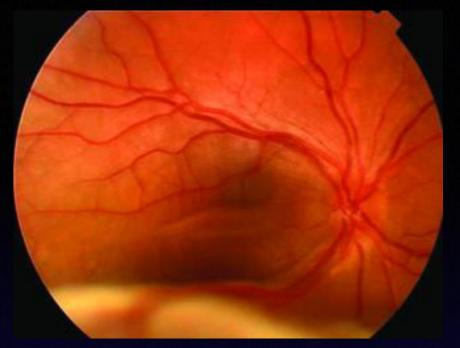


APAOS Meeting-EVRS Symposium-Guangzhou 2015



SURGERY FOR NANOPHTHALMUS RELATED RETINAL DETACHMENT





THDIZEV

Pathophysiology Mechanism of exudative RD

- Abnormally thick sclera (glycosaminoglycans)
- Increased resistance to transscleral outflow
- Compress vortex veins,
- Congestion of choroidal veins
- Exudative RD

Gass JDM

- Unsuccessful Vortex Vein Decompression surgery!
- Serous RD resolved in spite of the rupture of vortex vein during vortex vein decompression
- "Subretinal fluid is absorbed by transscleral way, not through vortex veins."

Solution

- Scleral thinning surgeries!
- Scleral window surgery
- Partial sclerectomy
- 4 quadrant

Johnson MW and Gass JDM.
Surgical management of the idiopathic uveal effusion syndrome.
Ophthalmology, 1990; 97: 998.

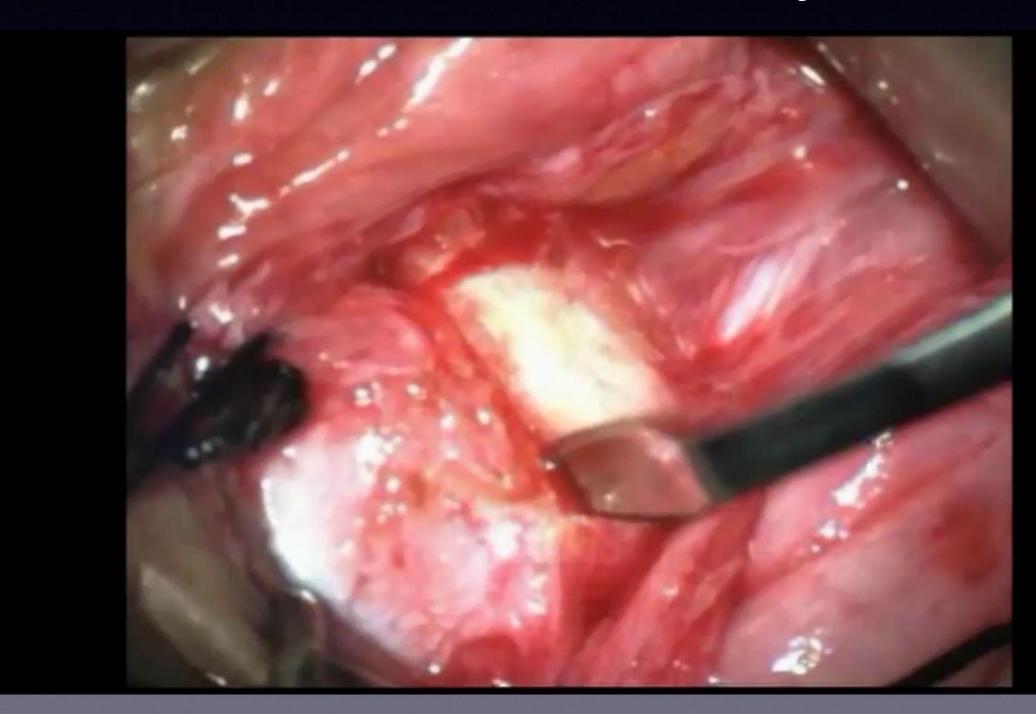
Patients

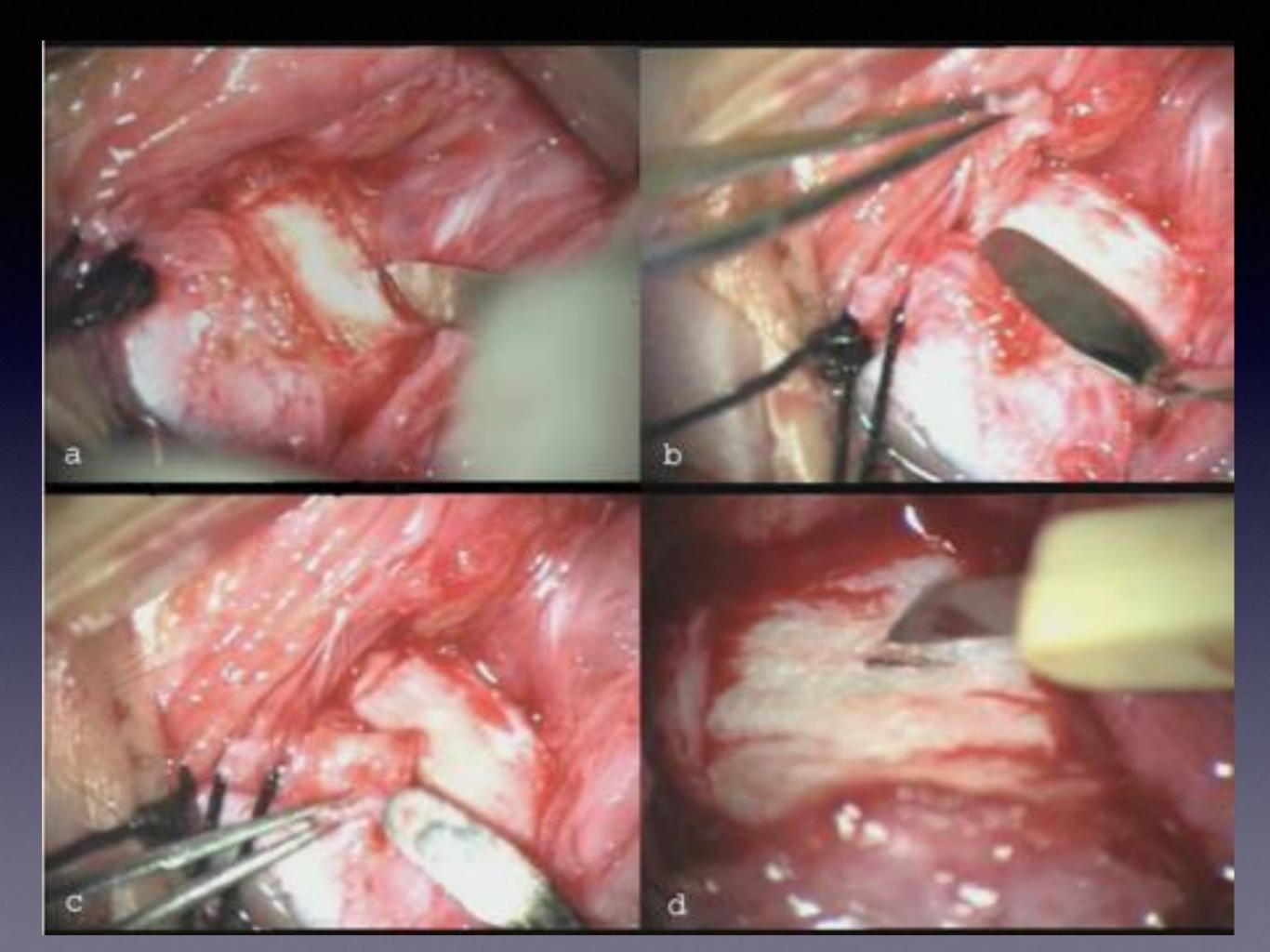
- 10 eyes of 7 patients
- 2 patients with bilateral exudative RD
- 1 with bilat. macular RD + peripheral pigmentary retinopathy

Surgical Method

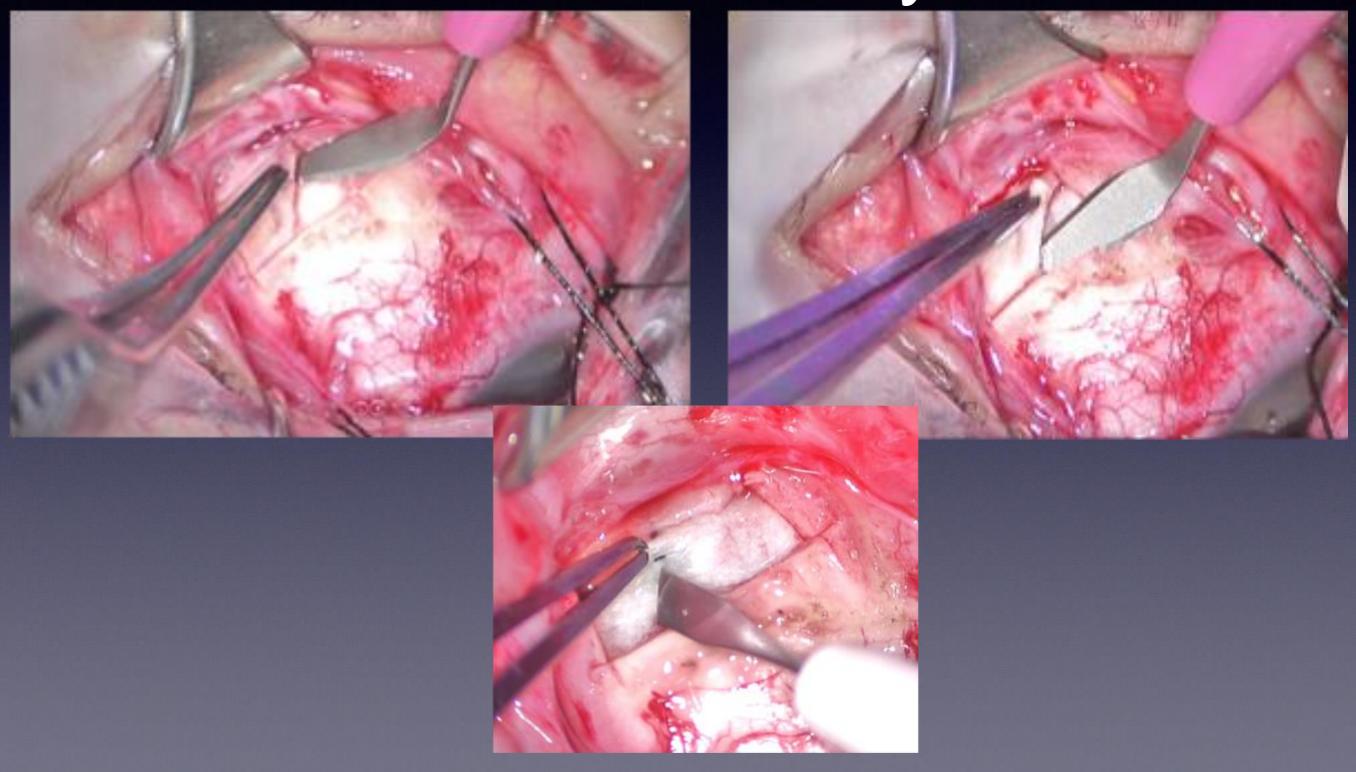
- 4 quadrant sclerectomy: 8 eyes
- 2 quadrant sclerectomy: 2 eyes

4-Quadrant Partial Sclerectomy





2-Quadrant (inferior) Partial Sclerectomy

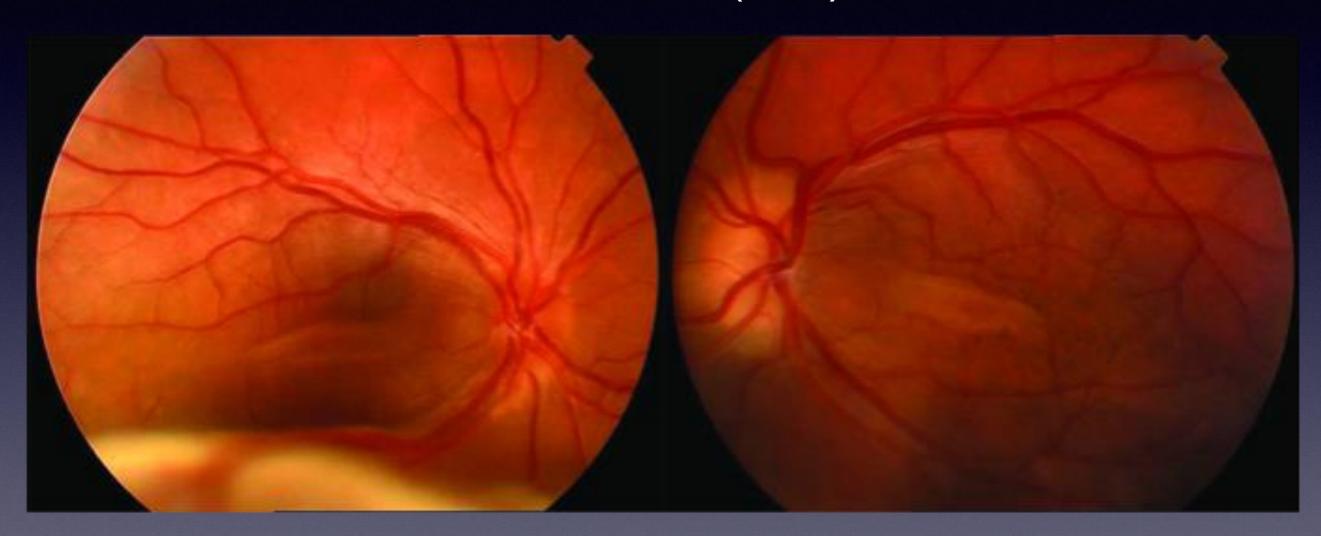


Results

| Case # | Eye | Axial Length (mm) | Age | Pre-operative BCVA | Final BCVA | Peripheral/ Macular RD | Reattachme nt |
|-----------|-----|----------------------|-----|-----------------------|------------|---------------------------|------------------|
| 1 | OD | 13.3 | 24 | 20/400 | 20/100 | Peripheral | (+) |
| | os | 12.8 | 26 | 20/200 | 20/100 | Peripheral | (+) |
| 2 | OS | 14.0 | 26 | 20/400 | 20/100 | Peripheral | (+) |
| 3 | OD | 16.5 | 24 | 20/200 | 20/100 | Peripheral | (+) |
| | OS | 16.5 | 24 | 20/200 | 20/100 | Peripheral | (+) |
| 4 | OD | 16 | 48 | HM | 20/100 | Peripheral | (+) |
| 5 | OD | 16 | 14 | 20/400 | 20/200 | Macular | Recurrence |
| | os | 16 | 14 | 20/400 | 20/200 | Macular | Recurrence |
| 6 | OD | 16 | 21 | CF (1m) | CF (2m) | Peripheral | (+/-) |
| 7 | OD | 17 | 51 | CF1M | 20/60 | Retina+choroidal | (+) |

24-y-old male,

Peripheral exudative RD & Macular folds OU Bullous inferior detachment (OD)

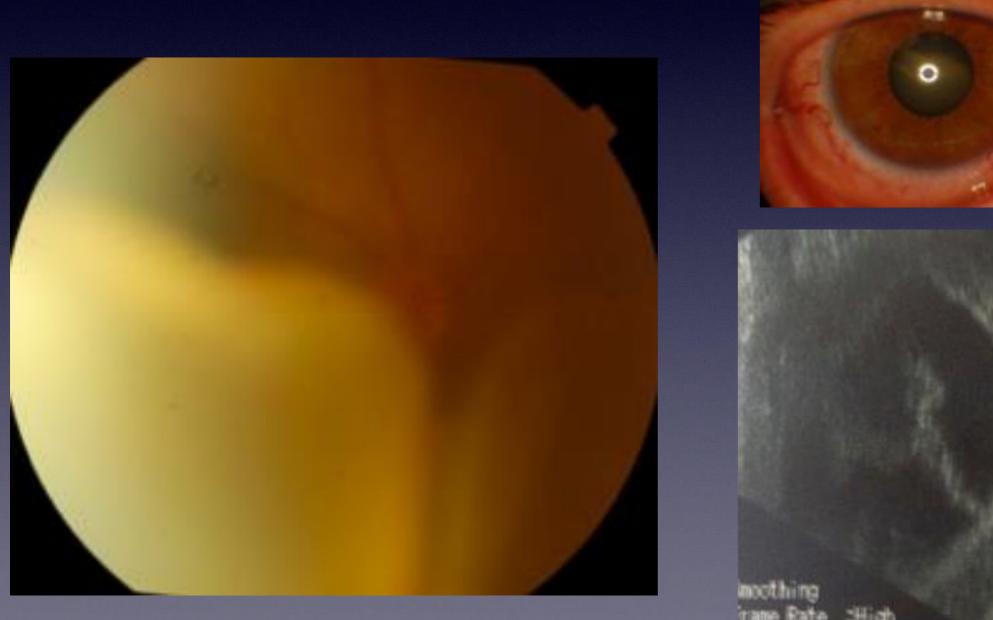


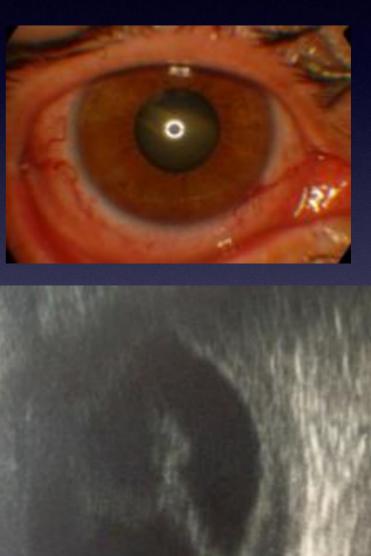
BCVA: 20/200 (+16.0D) OU AL: 17.5mm OU

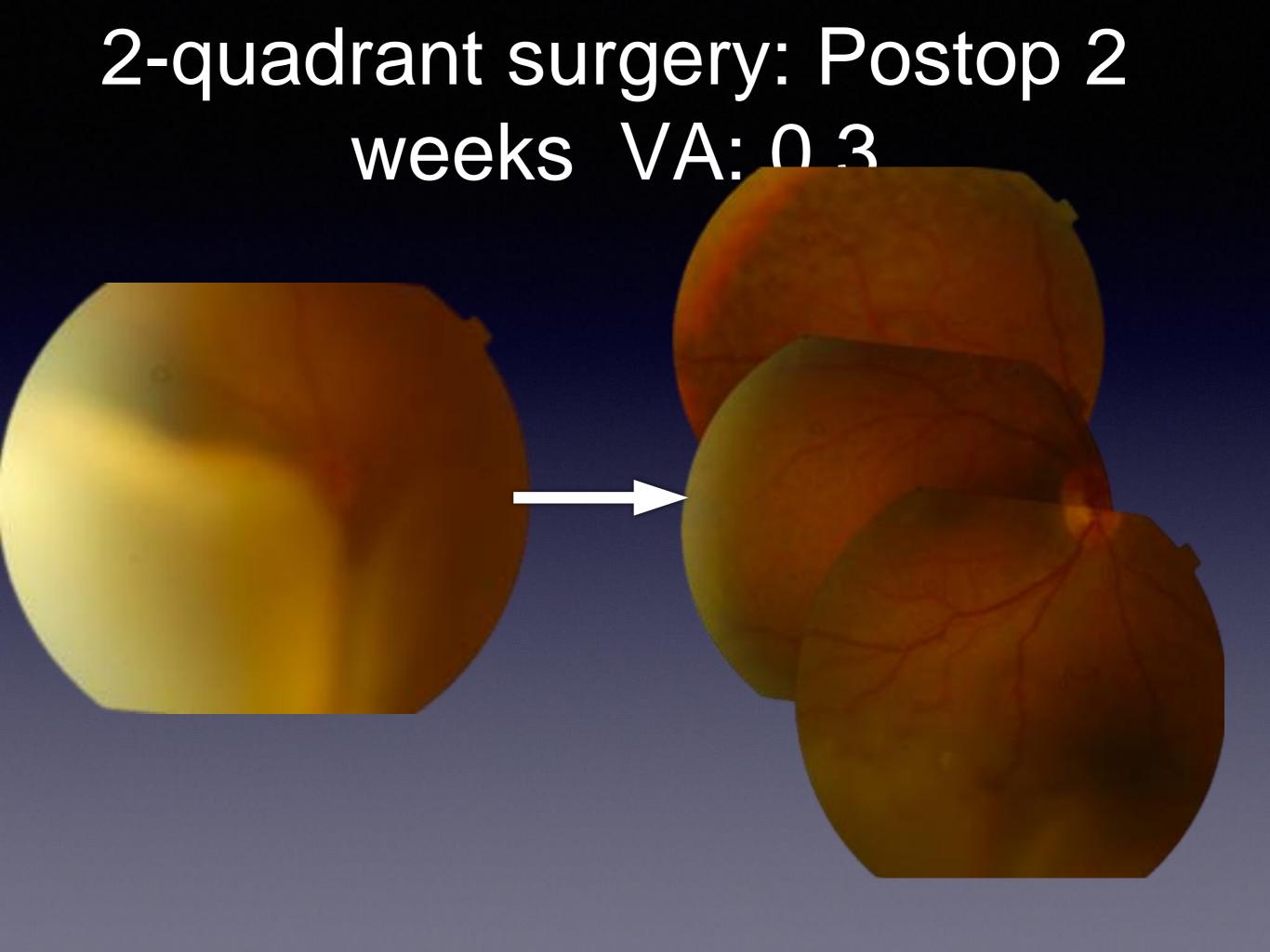
4 quadrant scleral window surgery: Complete Resolution: 2 weeks



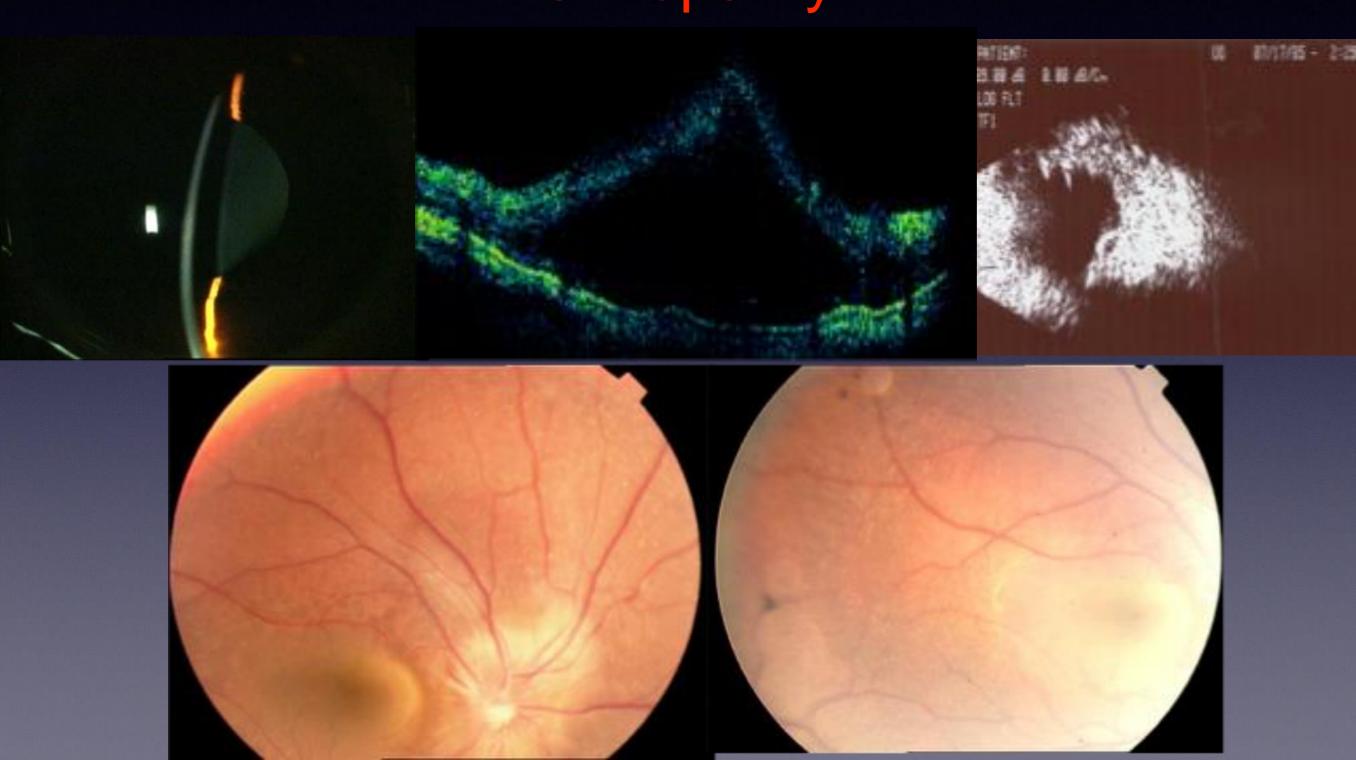
51 y, ♀, unilat visual loss (RE), red eye VA: CF 1m, choroidal + ret. detachment AL. 17.1mm,



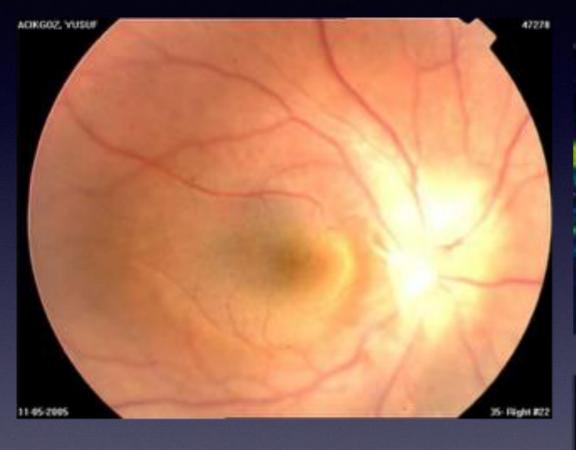


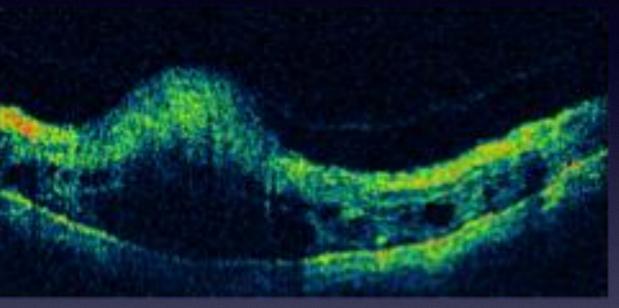


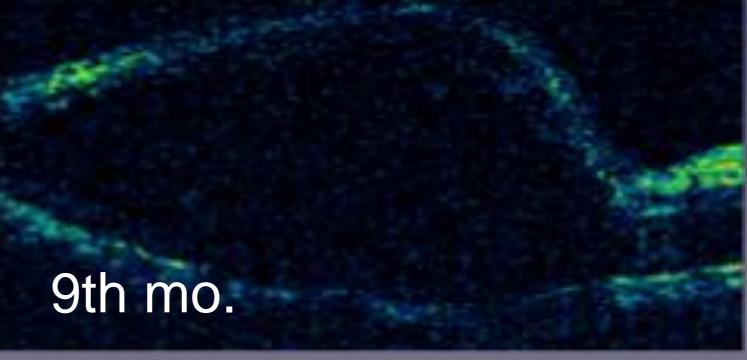
15, \circlearrowleft , AL: 16mm, Serous macular detachment, peripheral pigmentary retinopathy



Postop 5th month







Conclusions

- Scleral thinning surgeries are effective for treatment of exudative RD in Nanophthalmos cases.
- 2-quadrant surgery seems as effective as 4-quadrant surgery
- Adequate healthy RPE!

15th EVRS Meeting

September 12-14, 2015

Scuola Grande di San Rocco

VENICE - ITALY

MY WAY IN COMPLICATED / RARE SITUATIONS

CENTRAL SEROUS
CHORIORETINOPATHY



Thank you i動制

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