

## **Outcome of Vitrectomy for Lamellar Macular Hole**

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### **Advantages:**

The diagnosis, pathogenesis and the best therapeutic approach for lamellar macular hole is still unclear. This work describes the surgical technique used for management of these cases and the postoperative anatomical and functional results.

### **Methods:**

Sixteen eyes with symptomatic lamellar macular hole underwent 20-gauge (6 eyes) or 23-gauge (10 eyes) 3-port pars plana vitrectomy. Triamcinolone-assisted peeling of adherent posterior hyaloid was performed. Trypan blue-assisted peeling of internal limiting membrane together with the overlying epimacular membrane was next performed. The peeling of the ILM was started just central to the temporal vessels in order to ensure complete removal of the epimacular tissue to completely relieve the traction on the edge of the lamellar hole. Fluid/air exchange was finally performed. No postoperative positioning was advised. Pre & postoperative fundus pictures and OCT were made for each eye. The pre & postoperative visual acuity were documented. Follow up ranged from 8 to 12 months.

### **Effectiveness / Safety:**

The above-mentioned technique resulted in closure of the lamellar hole and restoration of the normal foveal contour in all cases. Postoperative microcystic oedema was encountered in 6 eyes. The oedema resolved in all eyes within 6 months. Improvement of visual acuity was encountered in all eyes.