

## **Vitreotomy and Posterior Hyaloid Peeling for Myopic Foveoschisis**

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### **Advantages:**

It is still uncertain which technique is most effective in management of myopic foveoschisis. This work presents the technique and results of vitrectomy combined with posterior hyaloid peeling, without internal limiting membrane peeling, in management of myopic foveoschisis.

### **Methods:**

Twenty highly myopic eyes with posterior staphyloma underwent pars plana vitrectomy for symptomatic foveoschisis. Triamcinolone-assisted peeling of the partial detached posterior hyaloid was performed in all eyes. In six eyes there was vitreoschisis and triamcinolone has to be injected 2 - 3 times before the posterior hyaloid could be completely detached and removed. Different techniques were used for peeling of the posterior hyaloid including scraper, elevation with membrane spatula, forceps or aspiration with vitrectomy probe. No ILM peeling was performed. Only air tamponade was used. Follow up ranged between 12 to 24 months.

### **Effectiveness / Safety:**

Gradual flattening and reattachment of the foveoschisis was achieved and maintained during the follow up period in 16 eyes following one operation. All eyes with attached fovea showed improvement of visual acuity. Two eyes developed full thickness macula hole (10 and 14 months following the primary operation). Two eyes developed recurrence of foveoschisis. The latter underwent revision of vitrectomy with removal of epimacular tissue and air tamponade. Both eyes showed flattening of the foveoschisis. The total number of eyes with successfully attached retina is 18/20. Vitrectomy combined with triamcinolone-assisted peeling of the posterior hyaloid, without ILM peeling is effective in achieving macular reattachment in 90% of eyes with myopic foveoschisis. ILM peeling is unnecessary and is a risky procedure in these eyes with stretched and markedly thinned inner retinal layer.