

## **Management of Myopic Macular Hole Retinal Detachment**

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### **Advantages:**

Drainage of the subretinal fluid through the macular hole during fluid air exchange in myopic macular hole retinal detachment has several disadvantages. It traumatizes the edge of the hole and may result in enlargement of small holes in case of viscous subretinal fluid. The present work presents a technique for drainage of the subretinal fluid through a peripheral retinotomy and with the help of PFCL.

### **Methods:**

Thirty five highly myopic eyes underwent pars plana vitrectomy for retinal detachment secondary to macular holes. Following central vitrectomy, triamcinolone was injected to highlight the presence of an attached posterior hyaloid. The latter was present in 22 eyes. The posterior hyaloid was completely peeled and excised using various techniques including scraper, forceps and vacuum applied by vitrectomy probe. PFCL was next injected to smoothly attach the posterior retina and displace the subretinal fluid to the periphery. Following base vitrectomy a small peripheral retinotomy was created, with the vitrectomy probe, just posterior to the ora. More PFCL was slowly injected to completely drain the subretinal fluid. Endolaser was applied to the peripheral retinotomy. Finally PFCL/silicone oil exchange was performed.

### **Effectiveness / Safety:**

This technique is effective in achieving complete retinal reattachment, without any trauma to the edge of the macular hole or the underlying RPE. It also avoids enlargement of small macular holes, especially in eyes with viscous subretinal fluid. This helps to preserve the remaining central vision.