

Management of PVR with Severe Retinal Contraction and Shortening

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Advantages:

Retinal contraction and shortening in eyes with rhegmatogenous retinal detachment complicated by PVR is managed with a relaxing retinotomy. This video presents recurrent retinal detachment following 2 vitrectomies and an inferior 180 degrees relaxing retinotomy in a single eye patient.

Methods:

Following silicone oil removal, few epiretinal membranes were peeled from the retinal surface. Working bimanually, the edge of the retinotomy was grasped with forceps while the scraper in the other hand was used to remove pigmented fragile epiretinal tissue and to stretch the retina. The retinal flap was then inverted and subretinal proliferation and pigment clumps were removed. The scrolled edge of the retinotomy was excised. The retinotomy was completed for 360 degrees. After achieving retinal mobilization, it was attached using PFCL. Endolaser was applied for 360 degrees and the eye was filled with silicone oil.

Effectiveness / Safety:

The bimanual stretching of the retina is safe and effective in overcoming severe retinal contraction and shortening. Silicone oil was removed 3 months post-operatively and the best corrected visual acuity was 0.05.