

Evolution of surgical technique in management of optic disc pit maculopathy

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Advantages:

The surgical management of optic disc pit maculopathy is still controversial. We report the evolution of different vitrectomy approach in the treatment of optic disc pit associated maculopathy in 4 patients.

Methods:

The principal treatment in all cases was PPV (Pars Plana Vitrectomy) 20 or 25 gauge (last patient) with ILM peeling and tamponade with silicone oil in the first case and gas SF6 in other 3 cases, without endolaser. In one patient we used active suction of subretinal fluid with gas tamponade. All the patients had a complete ophthalmic examination and OCT preoperatively, and 1 week, 1 month, 6 months, 1 year and 2 years later (except one patient).

Effectiveness / Safety:

All the patients had the resolution of the macular detachment with the improvement of visual acuity. Pars plana vitrectomy (recently 25 gauge) without endolaser is effective in achieving a complete resolution of macular serous detachment.