

## **Recent retinal detachment treated with pneumatic retinopexy**

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### **Advantages:**

If performed immediately after diagnosis, pneumatic retinopexy is a simple and unexpensive treatment for superior bullous retinal detachment with good postoperative functional results.

### **Methods:**

Consecutive indicated cases of recent superior bullous retinal detachment with single or small multiple breaks in one superior quadrant were treated immediately with intravitreal SF6 gas insufflation in topical anesthesia and delayed laser or cryopexy on the second or the third day. Visual acuity was a measurement for the functional outcome results.

### **Effectiveness / Safety:**

In most of the cases, 16 eyes (72.2%), a single treatment with pneumatic retinopexy reattached the retina with good visual results. The failed cases required additional treatments such as scleral buckling in 4 eyes (9.1 %) or pars plana vitrectomy in 2 cases (18.2%) to achieve final retinal reattachment.

The visual outcome after surgery was better in the cases where the macula was still attached before surgery, and worse in the cases who received additional treatment (6 eyes, 27.3%). The most common cause of failure was PVR, or new inferior break formation. Rare complications of pneumatic retinopexy, such as increased IOP, vitreous hemorrhage and subretinal hemorrhage were not present in our series.

### **Take home message:**

Pneumatic retinopexy is a successful, simple and inexpensive treatment of recent superior bullous retinal detachment. It is usually used as an outpatient procedure in topical anesthesia. When performed immediately after diagnosis, prognosis for good visual results is better.