

## **Pneumatic retinopexy only for retinal detachment without active vitreous traction**

Author: Didier Ducournau, Nantes, France

My philosophy is always to perform the minimum sufficient and necessary trauma to obtain the best anatomical and functional results. This is why I can perform pneumatic retinopexy when no vitreous traction acts on the retina. Those cases named \"retinogenous\" RDs contain the RDs with atrophic holes, the dialysis and some RDs in two steps, with low progression. Some of these cases need buckling (for positioning problems, breaks in different quadrants, space problems, subretinal lines...), some exceptional cases need vitrectomy (RD by MH in high myopia, RD by optic pit, RD by posterior hyaloid fibrosis and RD with vitreous hemorrhage, dislocated lens or macular pathology). Respecting this strategy, you can reduce the failure rate in those cases at less than 0,5% (848 successive cases: 2 failures). Performing a systematic vitrectomy in those cases is for me inducing an unnecessary surgical trauma that carries with itself a risk of iatrogenic complications unacceptable as compared to a severity of these easy cases. On the contrary, performing a systematic pneumatic retinopexy in cases where vitreous traction is active exposes to a high risk of failure (around 10-20%) with a need of re operation of a more serious disease and a final additional surgical trauma.