

Primary pars plana vitrectomy in stage A retinal detachments only in selected cases

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My philosophy is always to perform the minimum sufficient and necessary trauma to obtain the best anatomical and functional results. In stage A, there is a vitreous traction and it can be logical to cut this traction at the origin of the disease. However, vitrectomy in retinal detachment must be very complete (even more if you want to avoid a buckling procedure) and therefore exposes to a high rate of iatrogenic complications (around 5-10% if we accept the cataract incidence). It can then be more logical to reserve vitrectomy in cases where this risk will not affect the success rate. In addition to the indications for RD without active vitreous traction ("retinogenous" RDs), I would perform a VPP in stage A in the following cases: RD with a large or giant tear, RD with posterior pole tear, RD with sleromalacia, RD with large retro basal tears on different anterior – posterior locations, RD with space problems, RD associating numerous clinical worrying details. Among 2284 consecutive stage A primary RDs (without giant peripheral tear), 256 PPV were performed (11%). A failure (or need of silicone oil injection) was observed in 39 cases (1,7%). I am convinced that a systematic vitrectomy would have provided a higher rate of failure.