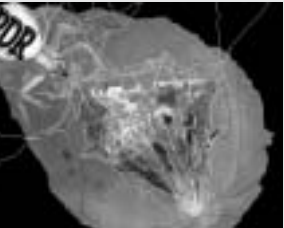


SYMPOSIUM: PROLIFERATIVE DIABETIC RETINOPATHY

Moderators: Mahmoud Soliman, Khaled El-Rakhawy

Wednesday, September 15, 2004 ; 8:00 - 5:15



Ophthalmic microendoscope assisted diabetic vitrectomy

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Purpose:

To evaluate the benefits of ophthalmic microendoscope in cases where the operating microscope is insufficient during diabetic vitrectomy.

Methods:

Endoscope assisted pars plana vitrectomy was performed in 60 eyes (60 patients) with multifunctional devices for the treatment of complications of proliferative diabetic retinopathy. Fiberoptic microendoscope was used in cases where the operating microscope was insufficient like corneal and lens edema, small or not dilating pupil, not being able to apply endolaser to peripheral retina. The indications, benefits, difficulties and complications of endoscope use was evaluated. The median follow-up of the cases is 1.5 (1-4) years.

Results:

Postoperative anatomical success and ambulatory vision was 80%. Despite effective endoscopic endolaser application, 10 (16%) eyes developed rubeosis iridis, and in 5 eyes neovascular glaucoma developed. During the follow-up period vitreous was clear in 48 eyes. Although all eyes had tractional retinal detachment at various severity at the preoperative period, postoperatively in 51 eyes (85%) retina was attached.

Conclusion:

Ophthalmic microendoscope is very useful to safely complete diabetic vitrectomy cases where operating microscope and conventional endolaser is insufficient. A learning period is needed to adapt to the system. No complication related to the endoscope was noted.

Take-home message:

Ophthalmic microendoscope is a complementary tool to modern vitreoretinal surgical techniques.