

Recurrent intravitreal hemorrhage after endoscopy assisted vitrectomy (EAV) for severe proliferative diabetic retinopathy (PDR)

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Purpose:

Recurrent intravitreal hemorrhage after vitrectomy for PDR is reported between 11 and 60% in the literature.

Methods:

Prospective consecutive non randomized interventional case series of 60 eyes in 47 patients with diabetes 1, and NVC 3 and 4 (DRVS report 3) PDR. Vitrectomy, anterior vitreous base peeling and endophotocoagulation were performed using a fiberoptic endoscope with combined laser channel. Follow up ranges between 6 months and 10 years.

Results:

Recurrent intravitreal hemorrhage occurred in 1/60 eye (1.6%) only, the first eye in the series. Iatrogenic lens injury occurred in 7/58 (13.7%) phakic eyes.

Conclusion:

EAV reduces extensively the rate of recurrent intravitreal hemorrhage in a population at high risk.

Conclusion:

EAV might be a useful tool to reduce post operative morbidity of PDR and therefore might allow earlier vitrectomy.

