

SYMPOSIUM: PROLIFERATIVE DIABETIC RETINOPATHY

Moderators: Mahmoud Soliman, Khaled El-Rakhawy

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Vitrectomy in diabetic retinopathy

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Purpose:

Analysis of our experience in the surgical management of diabetic retinopathy complications.

Methods:

Retrospective revision of the clinical records of diabetic patients submitted to vitrectomy treatment by one of two surgeons (AM, PQ) from July 2001 and December 2002. The variables recorded and analyzed were: pre- and postoperative visual acuity, indications for surgery, surgical methods, anatomical outcome and complications.

Results:

84 eyes of 74 patients (46 females and 28 males) underwent pars plana vitrectomy in that period. Hemovitreous (35 eyes) and tractional retinal detachment (RD) (41 eyes) were the most frequent surgical indications. Other motives were combined tractional RD (1 eye), and premacular hemorrhages (2 eyes). Forty-two eyes were treated with tamponade (19 with silicone, 23 with gas). Four eyes were considered inoperable pre-operatively. Visual acuity improved in 78,6%, stabilized in 11,4% and decreased in 10%. The functional success in the group without tamponade (38 eyes) was 93,1%, in the silicone group 61% and in the gas group 72,7%. Mean follow-up was 19,5 months. Cataract (19 eyes), recurrent hemovitreous (10 eyes) and ocular hypertension (3 eyes) were some of the complications found.

Conclusion:

Our results show that significant outcomes, namely visual acuity improvement, can be achieved with surgical intervention. However these patients need careful follow-up as some complications can be expected.

