

Visual outcome after pars plana vitrectomy for vitreous and/or subhyaloidal hemorrhage in diabetic patients

Author: Zerrin Bayraktar, MD, Ziya Kapran, MD, Tugrul Altan, MD, Nur Acar, MD, Yaprak Banu Ünver, MD, Mehmet Çakır, MD, Burak Erden, MD

Purpose:

To investigate visual benefit from pars plana vitrectomy for vitreous and/or subhyaloidal hemorrhage without tractional detachment in diabetic patients.

Methods:

Data were analyzed for pars plana vitrectomy for vitreous and/or subhyaloidal hemorrhage in 71 eyes. Patient characteristics, intraoperative and postoperative complications were recorded. Preoperative and postoperative visual acuities were analyzed with repeated measures ANOVA test.

Results:

Mean age was 59.08 ± 9.98 years. 10 of patients had type 1 and others type 2 diabetes mellitus. Mean duration of diabetes was 14.08 ± 6.44 years. Mean visual acuity of 0.004 increased to 0.05, 0.10, 0.09, 0.09 and 0.12 in one week, one, three, six months and one year after vitrectomy. Increase of visual acuity was statistically significant for all postoperative measurements ($p \leq 0.0001$). Most encountered complication was cataract (42% after one and 52.2% after three months) and vitreous hemorrhage was another important complication with incidence rate of 20.8% after one month.

Conclusion:

Visual acuity improvement could be achieved after pars plana vitrectomy for vitreous and/or subhyaloidal hemorrhage in diabetic patients. Cataract and postvitrectomy vitreous hemorrhage were most important complications.

Take-home message:

Vitrectomy for vitreous and/or subhyaloidal hemorrhage not complicated with tractional retinal detachment is a useful procedure in diabetic patients.

