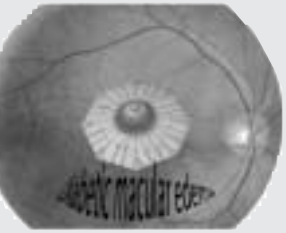


SYMPOSIUM: DIABETIC MACULAR EDEMA

Moderators: Stephen Sinclair, Martine Mauget-Faysse, Silvia Bopp, Ferenc Kuhn

Tuesday, September 14, 2004 ; 8:00 - 3:10



Internal limiting membrane removal for severe macular edema

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Purpose:

To evaluate the results and complications of internal limiting membrane (ILM) removal in the treatment of macular edema.

Methods:

Retrospective and prospective studies on eyes undergoing vitrectomy with ILM removal for eyes with clinically significant macular edema.

Results:

Of the 68 eyes, follow-up (average: 9 months) was available on 64 eyes. The edema was caused by diabetes in 83%, uveitis in 5%, central retinal vein occlusion in 5%, and other etiologies in 7%. Of the patients, 64% were males, aged \bar{x} 54 (6-77). The edema was cystoid in 56%. Complete edema resolution was achieved in 73%, partial in 22%; no change was seen in 4% and the edema recurred in one eye (2%). The average improvement on OCT was from 444μ to 289μ , a reduction of 37%. The visual acuity improved in 69% (at least 2 Snellen lines in 60%); 17% of eyes had worsened, all due to cataract or AMD development.

Conclusion:

It appears that ILM removal improves the chance of visual recovery for eyes with macular edema, whether or not prior laser treatment has been attempted. Better initial visual acuity - i.e., earlier intervention - is associated with better outcomes. The rate of edema recurrence is low, but the best surgical technique and the optimal timing remain to be determined.