

## SYMPOSIUM: DIABETIC MACULAR EDEMA

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

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### Vitrectomy with ILM peeling for diabetic macular edema

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**Purpose:**

To evaluate the anatomical and functional benefit of the ILM peeling for the diabetic macular edema.

**Methods:**

Retrospective review of 20 consecutive eyes undergoing vitrectomy with ILM peeling. All eyes were operated for CSME only; eyes with vitreous hemorrhage or TRD were excluded. Membrane Blue was used in all eyes for the ILM visualization.

**Results:**

The average follow-up time was 6 (1-12)months. The CSME improved anatomically (according to biomicroscopy and OCT) in 18 eyes (90%) and remained stable in 2 eyes (10%). Vision improved at least 2 ETDRS lines in 15 eyes (75%) and remained stable in 5 eyes (25%). No complications related to the ILM peeling were noticed, cataract developed in none of the eyes. Histopathological findings of the ILM will be presented.

**Conclusion:**

Vitrectomy with Membrane-Blue-assisted ILM peeling can be beneficial in the surgical treatment of diabetic macular edema. It is a safe method with a low complication rate.

**Take-home message:**

We recommend vitrectomy with ILM peeling in the treatment of the diabetic macular edema.