

SPONTANEOUS CLOSURE OF A FULL THICKNESS MACULAR HOLE AFTER CATARACT SURGERY: CASE REPORT

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INTRODUCTION

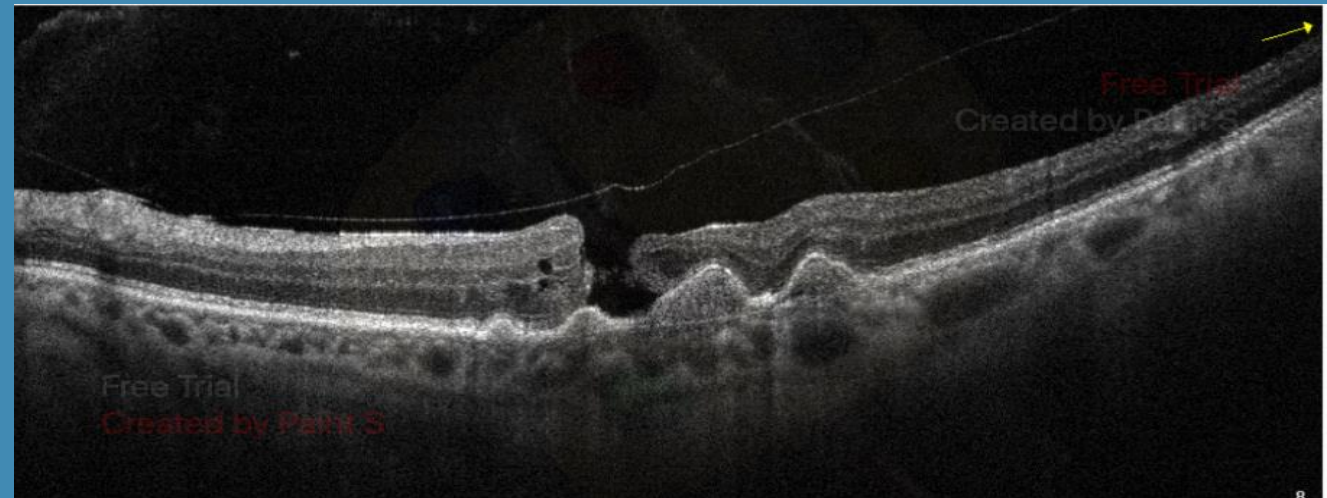
- Macular holes (MH) are retinal breaks in the fovea. They can be full thickness or partial thickness.
- It has been hypothesized that MHs are caused by tangential or anterior-posterior traction of the hyaloid to the fovea.
- Spontaneous closure of a full thickness macular hole is a rare event.
- We present a case of spontaneous closure of an idiopathic idiopathic, full thickness, stage 2, macular hole after cataract surgery.

Initial Visit

- The patient described a central scotoma in his Left Eye
- Visual acuity: OD: Hand Motion (HM) OS: 3/10
- Intraocular Pressure (IOP) : 14/15 mmHg.
- Slit lamp examination: OU: 3+ nuclear sclerotic cataract.
- Fundus examination: OD: disciform scar due to wet age-related macular degeneration OS: a full thickness macular hole in his left eye with partial PVD.
- The Optical coherence tomography (OCT) confirmed a stage 2 macular hole in his left eye, drusen and small pigment epithelial detachments.

CASE DESCRIPTION

A 75-year-old Caucasian male presented with a full thickness macular hole in his left eye for surgical evaluation.



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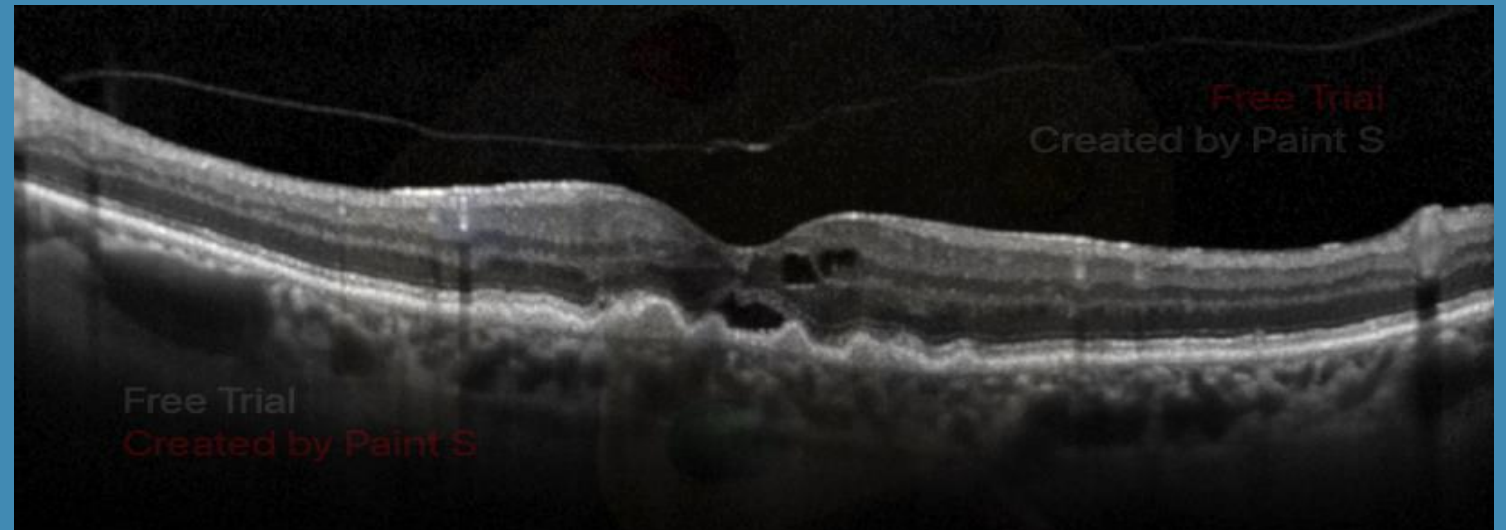
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CASE DESCRIPTION

- Upon discussion the plan was the patient to undergo a staged procedure with cataract extraction first due to poor visualization of the fundus and then macular surgery.
- He underwent an uneventful cataract surgery in his left eye and post operatively was treated with a combination of dexamethasone and levofloxacin eyedrops for 2 weeks.

4 weeks after
cataract
surgery

- Four weeks later the patient described that the central scotoma was smaller.
- Visual acuity OS: 6/10sc and 9/10pH
- IOP: 15/14mmHg
- The OCT demonstrated a closed macular hole with small subretinal space and extension of the posterior vitreous detachment nasally to the fovea without complete PVD.



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DISCUSSION

- Spontaneous closure of an idiopathic, stage 2, full thickness macular hole is an unusual event.
- PVD plays a key role in the treatment. Also, the use of steroid drops has been described to aid in the macular hole closure.
- Visualization of the fundus is critical during macular surgery. Therefore, cataract surgery should be considered before vitrectomy.

CONCLUSION

In summary, in this report we show that cataract extraction with postoperative treatment with dexamethasone and levofloxacin combination eyedrops can be considered before macular surgery, because it might lead to spontaneous extension of the PVD and closure of the macular hole.

