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Μέγαρο

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Αθηνών



Spontaneous Macular Hole Closure development after pars plana vitrectomy with FIL SSF Carlevale Lens implantation

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Purpose: To report a case of spontaneous closure of a full-thickness macular hole (FTMH), which has been developed after pars plana vitrectomy with FIL SSF Carlevale lens implantation in a case of dislocated intraocular lens (IOL).

Case presentation: A 83-year-old male patient was referred to our clinic for the management of a dislocated IOL in his right eye. His best corrected visual acuity was 9/10 and the intraocular pressure was 18mmHg.

At the fundoscopy, the presence of posterior vitreous detachment was confirmed (*Weiss ring*), as well as a dislocated IOL in the vitreous cavity inferiorly. The macular area was found to be normal.

Standard 25G ppv was performed. After removing the IOL from a 2.4 corneal incision, the SSF lens was inserted from the same incision and the IOL scleral plugs were anchored into the scleral pockets.

Two weeks after the operation the development of a **FTMH** was noticed with an overall diameter of **363 μ m** (image 1).

Patient preferred not to undergo any surgical intervention at this point. Topical drops of dexamethasone and nepafenac were prescribed and the patient was monitored closely.

After two weeks the size of the FTMH was measured to be smaller (image 2). Five weeks after the diagnosis, the macular hole was fully closed and residual subfoveal fluid (translucent) was present (image 3).

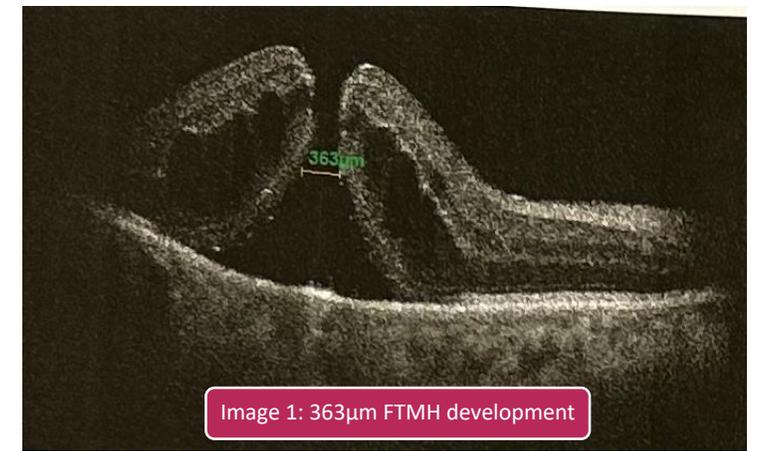


Image 1: 363 μ m FTMH development

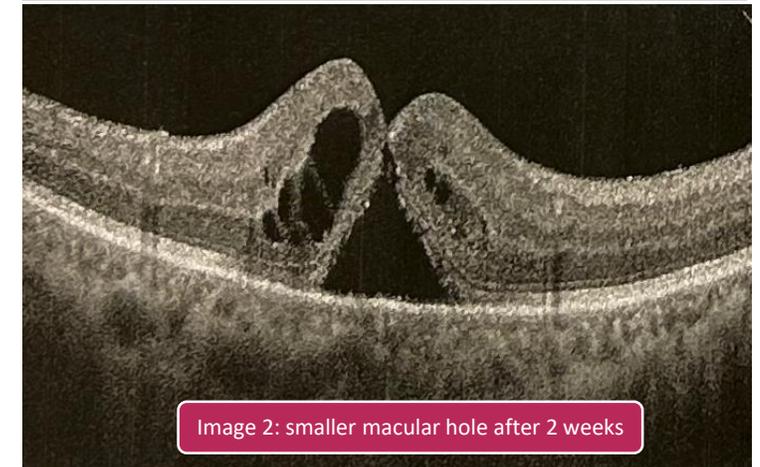


Image 2: smaller macular hole after 2 weeks



Image 3: FTMH with closure with residual subfoveal fluid, after 5 weeks

Results: Three months later, OCT examination revealed a normal fovea structure (image 4) and the BCVA was measured to be 10/10.

Discussion:

The formation of a FTMH after PPV for various pathologies with subsequent spontaneous closure has been previously described.

This FTMH could have been the result of a postsurgical cystoid macular edema (CME).

To address the inflammatory component, we prescribed topical nepafenac 3mg and dexamethasone, until any decision for intervention is made.

In the literature, there are several reported cases of FTMH closure only with topical treatment

Conclusions: A FTMH can developed after pars plana vitrectomy for the implantation of a FIL SSF Carlevale lens. In these cases, characterized from intraretinal cystoid spaces and absence of any tractional component, a topical anti-inflammatory regimen may prove beneficial until any decision for surgical intervention is taken and spontaneous closure of the FTMH can occur.

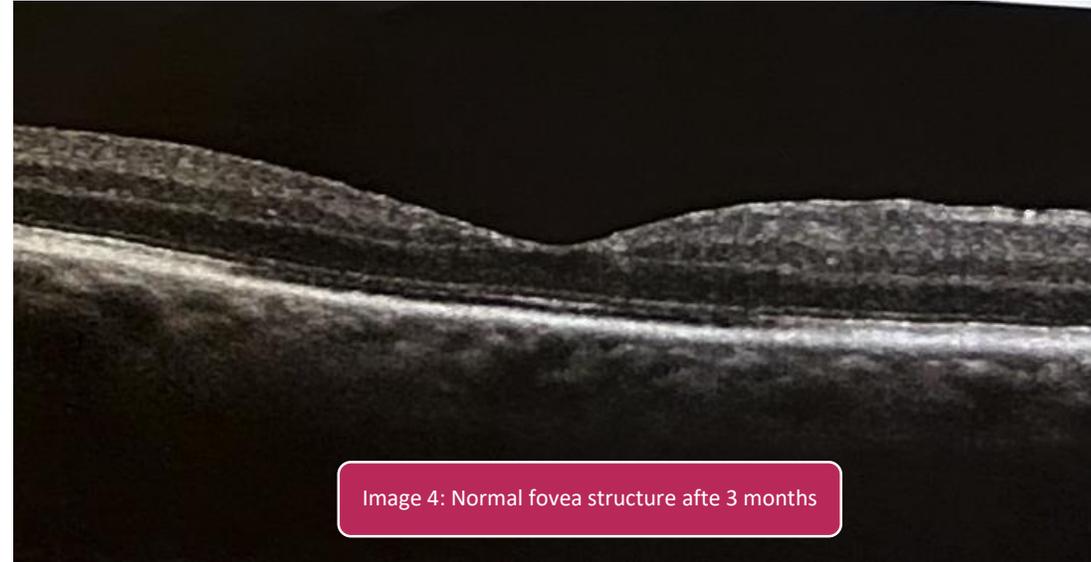


Image 4: Normal fovea structure after 3 months

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