

Abstract 130

MANAGEMENT OF RECURRENT OPTIC DISC PIT-ASSOCIATED MACULOPATHY WITH HUMAN AMNIOTIC MEMBRANE GRAFT

Oral

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Purpose:

to present a new technique involving a human amniotic membrane patch (hAM) to treat refractory retinal detachment secondary to optic disc pit

Methods:

Two eyes of two patients affected by recurrent macular detachment associated with optic nerve head pit (ODP), after PPV and inverted ILM flap translocation along with gas tamponade were enrolled. A 25-gauge were performed, and hAM patch was implanted inside the OPD; 18% SF6 was used as endotamponade. The patients were instructed to maintain face-down position for the first days after surgery. Patients were examined at month 1, 3, and 6 after surgery. At each visit, patients underwent a complete ophthalmologic examination including optical coherence tomography (OCT) (Optovue RTVue XR 100 AVANTI, Optovue, Inc. or Spectralis OCT, Heidelberg Engineering).

Results:

The subretinal fluid gradually resolved during 6 months of follow-up, and visual acuity improved to 20/25 at the sixth month after surgery. We did not observe a recurrence of subretinal fluid during the 6 months of follow-up. No postoperative complications were reported during the follow-up.

Conclusions:

The use of hAM is a new approach to treat refractory retinal detachment secondary to congenital optic disc anomalies and adds to our options of dealing with this complex condition. All the cases were successful with encouraging visual acuity recovery

