

CASE REPORT: PNEUMATIC RETINOPEXY FOR THE OF TREATMENT VITREOMACULAR TRACTION

Martins Neto, KSM; Martins, TA; Pereira, JAS; Pinto, CA; Câmara, CH; Duarte, DA; Nakamura, HC; Carneiro, LB
Goias Eye Bank Foundation
Brazil



INTRODUCTION

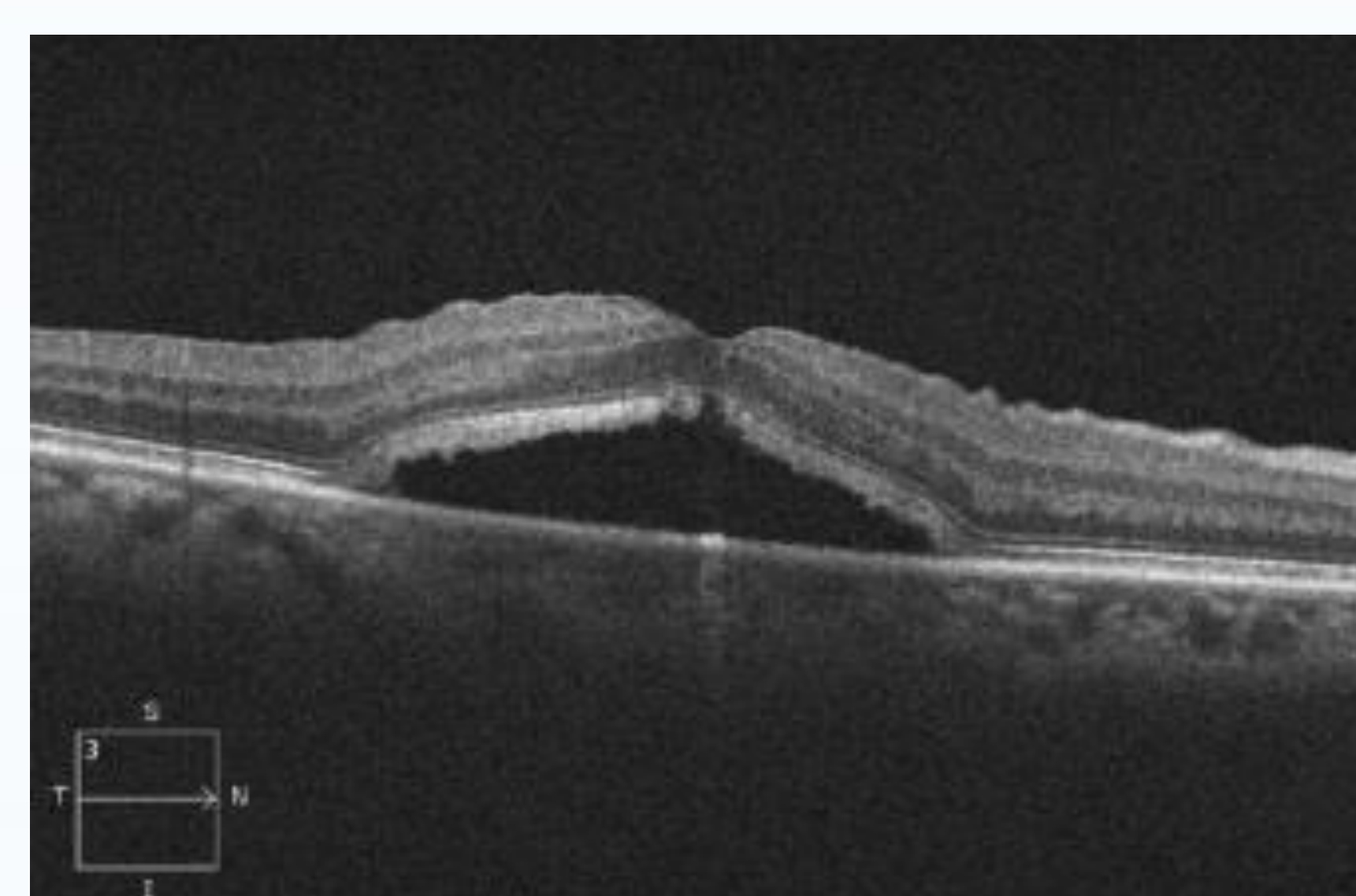
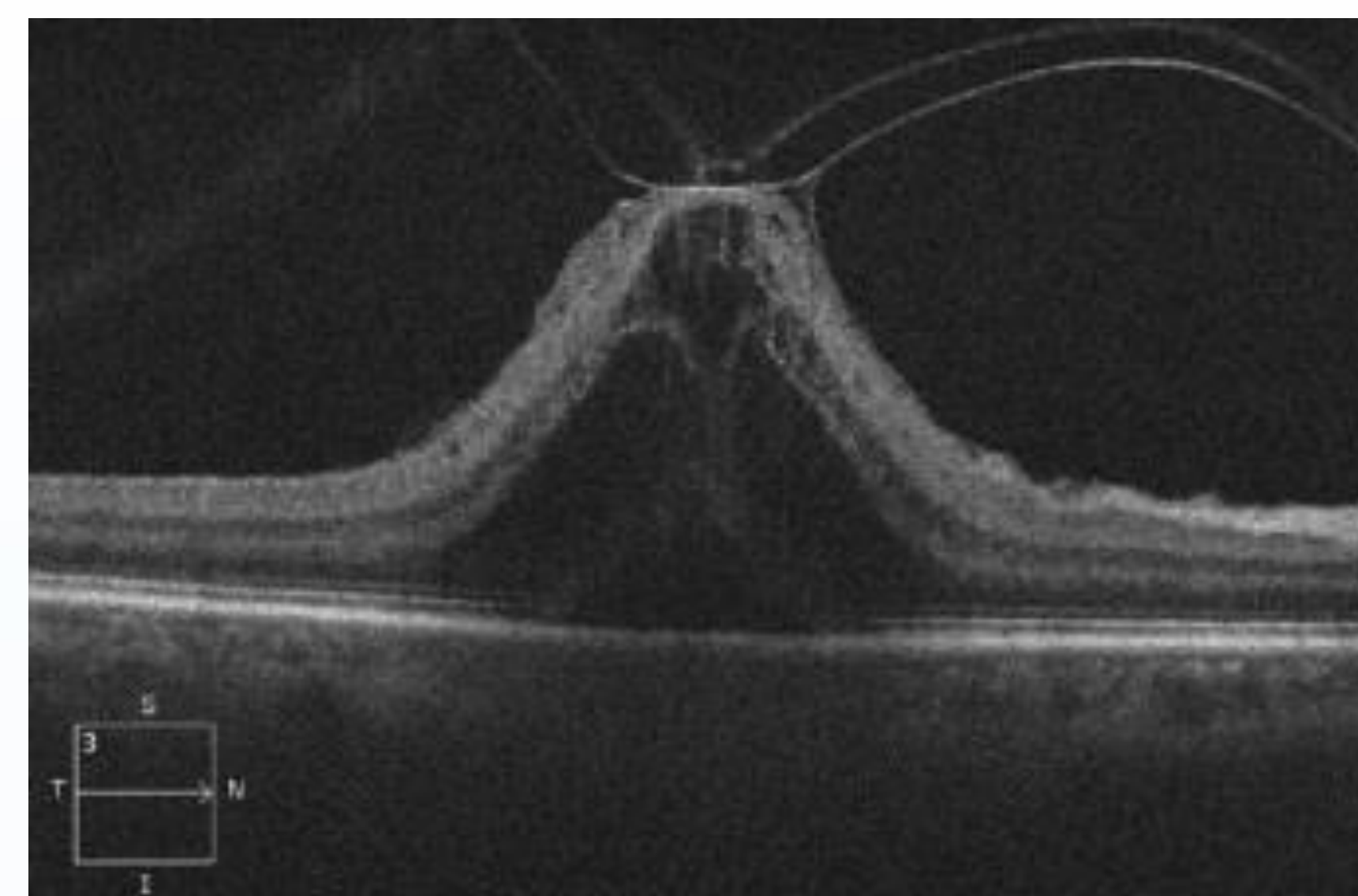
Idiopathic vitreomacular traction syndrome (VMT) is an uncommon disease, of unknown etiology, that affects the vitreous-retinal interface. Incomplete posterior vitreous detachment occurs, inducing structural and functional changes in the retina secondary to the vitreous centripetal traction force. It is believed that its origin is related to the proliferation induced by the partial detachment of the posterior vitreous associated with traction in the macula, in the optic nerve, as well as in the epiretinal membranes. The macular region has its shape altered and may be in the form of a tent and a small detachment of the traction retina may occur.

METHODS

Case report of a VMT was seen in the retina sector of the Fundação Banco de Olhos de Goiás with a complaint of low vision in her right eye treated pneumatic retinopexy was indicated to correct the traction

CASE REPORT

NDVM, 59 years old, female, living in Goiânia - GO. The patient denied comorbidities or any history of trauma. Upon examination, visual acuity of 20/200 DO and 20/30 LE, with incipient cataract in biomicroscopic examination. In the fundus examination, a fovea with a high aspect was visualized, with the possibility of a macular hole or vitreomacular traction being raised. Retinography and macula OCT were then requested. The patient returned with the exams that demonstrated the presence of vitreomacular traction and pneumatic retinopexy was indicated to correct the traction. After surgery, the patient progressed satisfactorily with a significant improvement in visual acuity. After three months of the surgery, the acuity was at 20/40 of the DO and the new control OCT showed absence of vitreomacular traction



CONCLUSION

We conclude that pneumatic retinopexy is a highly effective therapeutic form in cases where there is a precise indication

REFERENCES

- 1- Gandorfer A, Rohleder M, Kampik A. Epiretinal pathology of vitreomacular traction syndrome. Br J Ophthalmol. 2002;86(8):902-9.
- 2- Yamada N, Kishi S. Tomographic features and surgical outcomes of vitreomacular traction syndrome. Am J Ophthalmol. 2005;139(1):112-7. Comment in: Am J Ophthalmol. 2005;140(4):765-6; author reply 766.
- 3 - Petropoulos IK, Stangos AA, Brozou CG, Kapetanios AD, Pournaras CJ. [Vitreotomy for vitreomacular traction syndrome] Klin Monatsbl Augenheilkd. 2003;220(3):122-6. French
- 4 - Carpineto P, Ciancaglini M, Aharrh-Gnama A, Agnifili L, Mastropasqua L. Optical coherence tomography and retinal thickness analyzer features of spontaneous resolution of vitreomacular traction syndrome: a case report. Eur J Ophthalmol. 2004;14(1):67-70.