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MACULAR SURGERY (EPIRETINAL MEMBRANE, MACULAR HOLES)

VITRECTOMY FOR TOXOPLASMOSIS FOVEAL SCAR REMODELING

Oral Presentation

Lavaque E.*

Hospital Rivadavia ~ Buenos Aires ~ Argentina

VITRECTOMY FOR TOXOPLASMOSIS FOVEAL SCAR REMODELING. A RETROSPECTIVE CASE SERIES EB LAVAQUE1, G BUDMANN2, R SPAIDE3 1 Hospital B Rivadavia, Buenos Aires, Argentina. 2 Hospital P Lagleize, Buenos Aires, Argentina. 3 Vitreous, Retina, Macula Consultants of New York, NY Purpose To evaluate the effect of pars plana vitrectomy (PPV) with epiretinal membrane and internal limiting membrane (ERM/ILM) peeling on structural and functional remodeling of foveal chorioretinal scars secondary to ocular toxoplasmosis (OT).

Methods Data were retrospectively collected from 12 patients who had scarring of the fovea due to OT. Scar's inclusion criteria was a horizontal diameter ≤2000 µm measured at the greatest dimension of the optical coherence tomographic scan. They underwent PPV with ERM/ILM peeling with a minimum follow up of 9 months. Best-corrected visual acuity (VA) was measured with Snellen charts and converted to LogMAR. Scar was defined as hyperreflective lesions with well-defined margins and EZ disruption as loss of a continuous ellipsoid line. VA and the horizontal diameters of the scar (Shd) and the ellipsoid zone disruption (EZd) were measured pre- and postoperatively.

Results Mean VA improved from 1.5 to 0.3. There was contraction of the chorioretinal scar and of the ellipsoid line disruption, with a mean reduction in their horizontal diameter of 329 µm (range: 168–535 µm) and 270 µm (range: 170–382 µm) respectively. No intraoperative or postoperative complications were observed.

Conclusion Vitrectomy with ERM/ILM peeling was associated with scar shrinkage and a centripetal cellular migration toward the foveal center. These findings suggest ERM/ILM peeling may be a viable option for ocular toxoplasmosis involving the central macula, a condition not ordinarily thought to be treatable.

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