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MACULAR SURGERY (EPIRETINAL MEMBRANE, MACULAR HOLES)

TACKLING TOUGH ERM AND ILM PEEL

Oral Presentation

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Adherent ERM can be difficult to remove entirely, posing a greater risk of iatrogenic trauma and postoperative recurrence. Aim for good, not perfect, peeling, avoiding excessive manipulation of peripheral ERM or ILM remnants.

3 cases of tightly adherent ERM were managed successfully with help of Diamond dusted spatula ,ILM forceps and Intraocular scissors without creating any iatrogenic complications.

All 3 cases had visual recovery by 2 to 3 lines on Snellen chart.

Complete ERM & ILM peeling of the macula is not safe in all cases, and is not mandatory for visual gains. Every case is different and therefore each case has to be judged upon the extent of the ERM/ILM adherence.

1. Díaz-Valverde A, Wu L. To peel or not to peel the internal limiting membrane in idiopathic epiretinal membranes. Retina. 2018;38 Suppl 1:S5-S11 2.Schumann RG, Gandorfer A, Eibl KH, Henrich PB, Kampik A, Haritoglou C. Sequential epiretinal membrane removal with internal limiting membrane peeling in brilliant blue G-assisted macular surgery. Br J Ophthalmol. 2010;94(10):1369-1372