

March 25-26, 2019
Budapest, HungaryWaldensius Girsang et al., J Univer Surg 2019, Volume:7
DOI: 10.21767/2254-6758-C1-006

TOTAL RETINAL DETACHMENT WITH PERSISTENT FETAL VASCULATURE: THE MANAGEMENT OF A CHALLENGING OPHTHALMOLOGY CASE

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Introduction: Complicated cases of retinal detachment (RD) are, to this date, still difficult to treat. A typical surgical procedure can result in retinal redetachment, making anatomical success hard to achieve and clinical improvement even harder. Anatomical success by attaching the retina may not guarantee improvement in visual acuity but without it, it is almost impossible and usually, the condition will get even worse.

Objective: To demonstrate a surgical method for complex cases of RD.

Case Illustration: A 27-year-old woman came with blurred vision of her right eye (RE) after kicked by her child since approximately one week prior to the visit. Since then her eyesight has progressively become worse. Initial assessment showed that her visual acuity (VA) was light perception in the RE and 6/60 (2/20) in the left eye (LE). Further examination also revealed total RD with retrolental membrane forming a stalk in the patient's RE as well as a chorioretinal scar in the macular region of her LE. The clinical diagnoses were total RD with persistent fetal vasculature of the RE and macular scar of the LE, apparently due to previous history of ocular toxoplasmosis. This is indeed a very complicated case with a high rate of retinal redetachment after surgery, usually in need of a second surgery to attach the retina, and a guarded prognosis of not able to improve VA even after the retina is attached. Considering the poor VA of her LE and patient's strong will to undergo surgery even after knowing the prognosis, a vitreoretinal surgery was performed. Vitrectomy was done with both circular and radial relaxing retinectomy to release tension on the retina. This technique was performed to minimize the rate of retinal re-detachment due to traction. Primary anatomical success of attached retina was achieved after the surgical procedure. Visual acuity slightly improved to half meter finger counting. The patient is still on long term follow up in the outpatient clinic.

Conclusion: Surgical method demonstrated in this case presentation can be used as an alternative for complex cases of retinal detachment to achieve satisfactory anatomical success.

Biography

Waldensius Girsang is a Senior Consultant Ophthalmologist in the Surgical and Medical Retina division at Jakarta Eye Center (JEC) Hospital, the largest eye centre in Indonesia. He obtained his Medical Doctor certification from Faculty of Medicine, University of North Sumatera and his Ophthalmologist certification from Faculty of Medicine, University of Indonesia. He joined a fellowship program at JEC and Vitreoretinal Training at Zhongshan Ophthalmologic Center, Sun Yat Sen University, Guangzhou, China. He has his expertise in General Ophthalmology, Cataract, and Vitreoretinal Surgery. Girsang's clinical works and research focus is on diseases of the retina. His practice involves the management and surgery for retinal diseases in combination with anterior segment disease. He is one of the scientific committee members in Indonesia Ophthalmology Association (IOA), Indonesian Medical Association [IMA] and European Society of Retina Specialist [EURETINA].

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