OPTIC DISC PIT MACULOPATHY FIRST TREATED WITH LASER AND FINALLY RESOLVED WITH VITRECTOMY. LONG-TERM EVALUATION

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ADVANTAGES
To describe a case of an optic disk pit, which required treatment with vitrectomy, and to report the long-term results.

METHODS
A 16-year-old female patient with complaints of progressive diminution of vision in the left eye (LE) during one month, due to an optic disc pit with macular edema, which had been treated with laser photocoagulation three years before, with incomplete resolution of macular edema and subretinal fluid. A complete ocular examination, including determination of Visual Acuity (VA), anterior and posterior biomicroscopy, and optical coherence tomography (OCT), was performed.

EFFECTIVENESS/SAFETY

AT FIRST VISIT, clinical examination revealed that visual acuity was 0.2 (decimal notation) in his LE, and 0.9 in her right eye (RE). Fundus examination showed the presence of an optic disk pit, with laser scars temporal to optic nerve (due to previous laser photocoagulation treatment), and a serous retinal detachment involving macular area. A colobomatous defect could also be observed inferior to papilla. OCT confirmed the diagnosis (Figure 1 and 2).

THE PATIENT UNDERWENT UNEVENTFUL 20-GAUGE PARS PLANAR VITRECTOMY, internal limiting membrane peeling, and fluid-air exchange and sulfur hexafluoride (SF6) 15% gas tamponade, without complications. A detailed fundus examination was obtained three weeks postoperatively when the gas had completely resolved. VA was 0.2 in LE. On fundus examination, the retina was nearly flat, but OCT showed the presence of a lamellar macular hole.

28 MONTHS POSTOPERATIVELY, VA increased to 0.5, and OCT showed complete resolution of intraretinal and subretinal fluid, but persistence of the lamellar macular hole (Figure 3).

DISCUSSION AND CONCLUSION
So, as discussion, it is interesting to remark that vitrectomy with ILM peeling and gas tamponade seems to be useful for the treatment of optic disc pit maculopathy, including those cases previously treated by laser (such as occurred in our case). However, long-term complications after vitrectomy can happened, such as the development of a partial-thickness macular defect, which had not been previously described in peer-reviewed literature. Further studies are required to evaluate the above findings, although the implementation of large-series studies remains a challenge due to the rarity of cases with optic disc maculopathy.