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Diabetic Retinopathy

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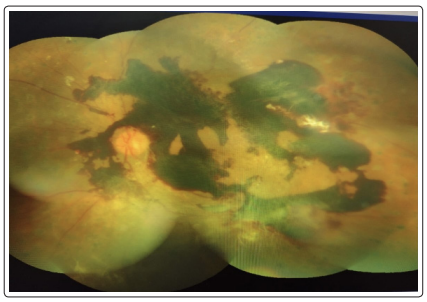
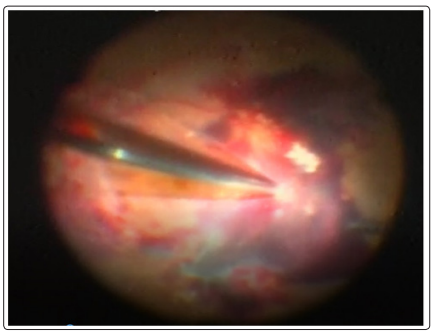
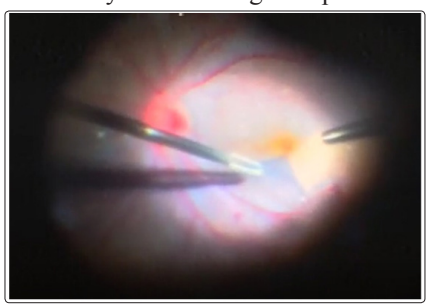
Diabetes is most frequently affecting people around the world, 1 of 3 Diabetic patients develop Diabetic Retinopathy [1]. Proliferative Diabetic Retinopathy with its advanced type is the main cause of irreversible blindness [2]. I present a one eye patient with Diagnosis of Advanced Diabetic Retinopathy (Picture 1) and her updated surgery that rescued her vision (Picture 2 and 3)



Picture 1: Left eye fundoscopy. sub Hyaloid hemorrhage around optic nerve, macula and vascular arcades with fibrovascular proliferation (white tissue) which detach retina.

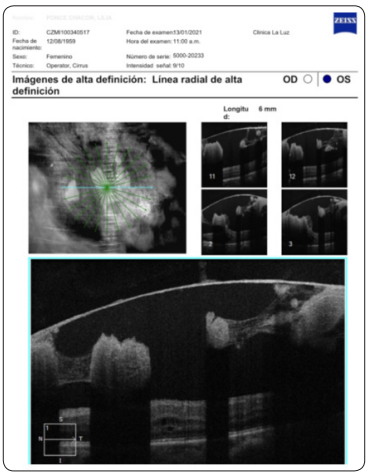


Picture 2: Posterior Hyaloid detachment with divide in the middle using the vitrectomy cutter during Pars plana vitrectomy

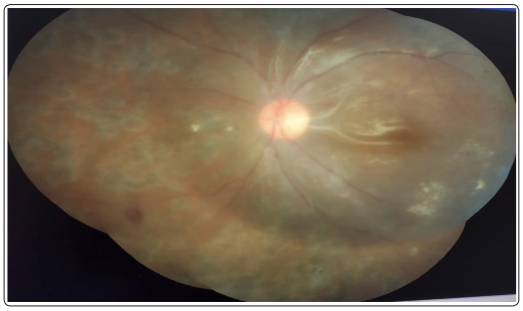


Picture 3: En bloc Epiretinal membrane peeling and then Internal limiting membrane (ILM) peeling in Macula area, using a ILM forceps with previous brillant blue staining.

This is a 61 years old female patient, with progressive vision loss since 2 months ago in her left eye. Visual Acuity Right eye Light perception and in her left eye 20/400. She has past surgical history of Retina and Cataract surgery in her right eye 2 years ago. Because of the Fundoscopy exam in her left eye and Macular OCT result (Picture 4), I planned surgery of Cataract + Vitreous + Retina + Macula, named: Facomulsification + Pars plana Vitrectomy + Macular double peeling + Endolaser + Silicon oil 5000 [3]. Her best corrected visual Acuity 2 months postop (Picture 5 and 6) in her left eye is: 20/50

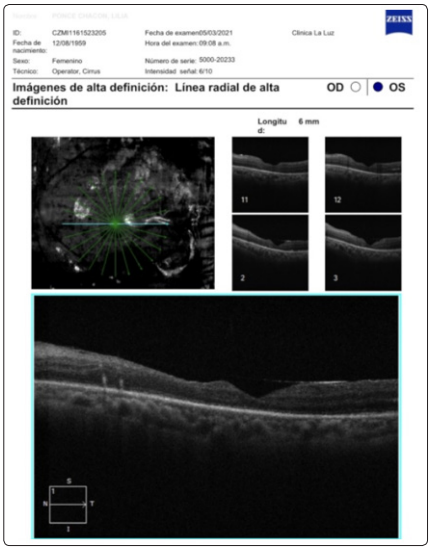


Picture 4: Macular OCT (optical Coherence Tomography) before surgery: shows Hyperreflective pre retinal lesions that correspond to sub Hyaloid hemorrhage with posterior Hyaloid traction. Also there is Hyporeflective lesions intra retinal that correspond to Cystoid macular edema.



Picture 5: Left eye fundoscopy 2 months after surgery, shows Retina attached with Pan retinal photocoagulation scars 360°. The

brilliance corresponds to the presence of Silicon oil



Picture 6: Macular OCT (optical Coherence Tomography) 2 months after surgery: shows Macula flat with no cystoid edema. The white hyperreflective pre retinal line correspond to silicon oil edge.

References

1. American Academy of Ophthalmology.
2. World Health Organization.
3. Zofia Michalewska, Maciej Bednarski, Janusz Michalewski, Nawrocki Jerzy (2013) The role of ILM peeling in vitreous surgery for proliferative diabetic retinopathy complications. Ophthalmic Surgery Lasers Imaging Retina 44: 238-242.