

CLINICAL MANAGEMENT AND FULL RESOLUTION OF MACULAR MICROHOLE

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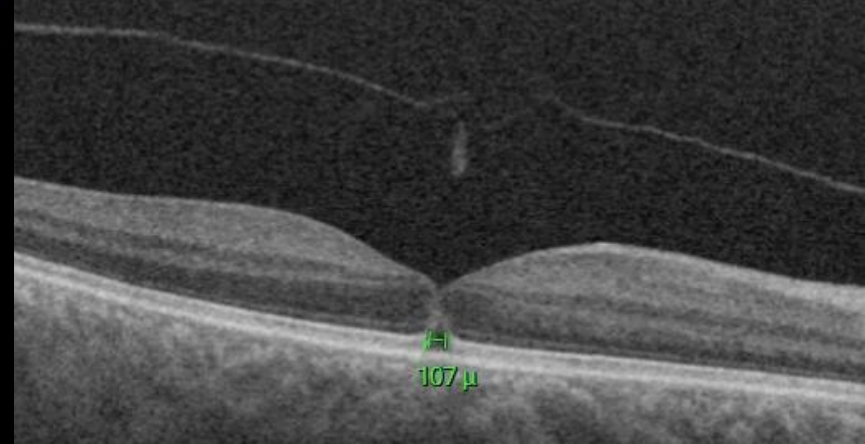
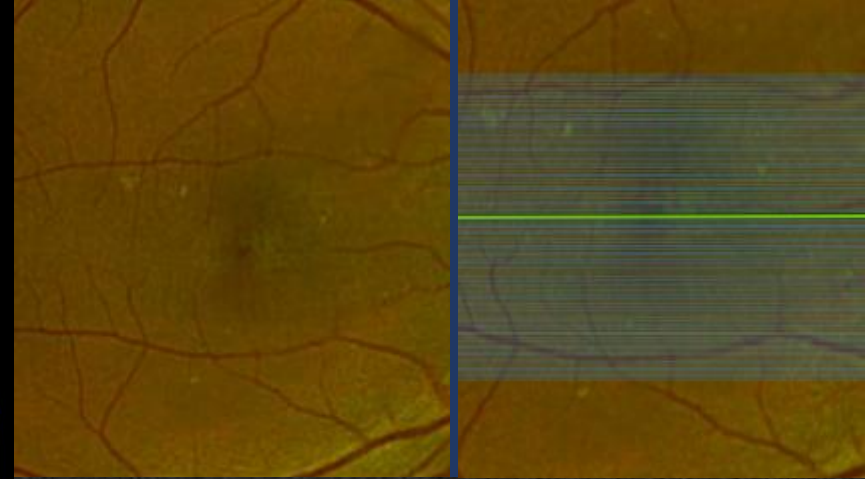


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Clinical Case

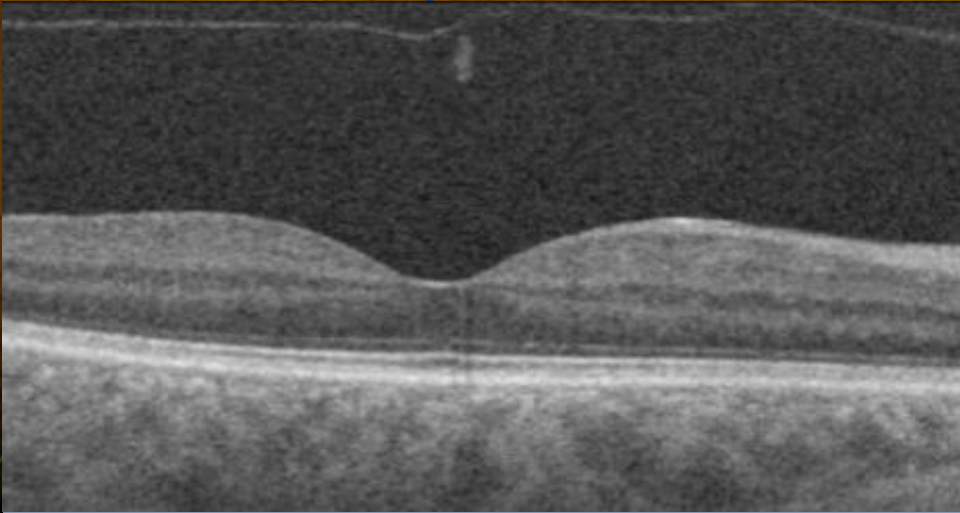
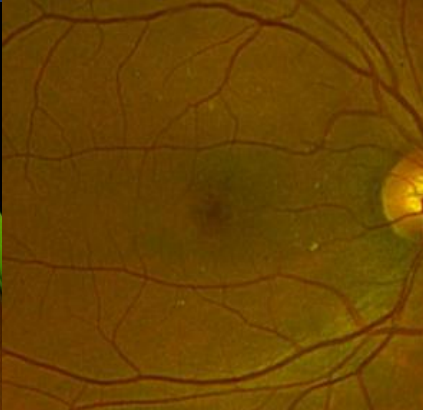
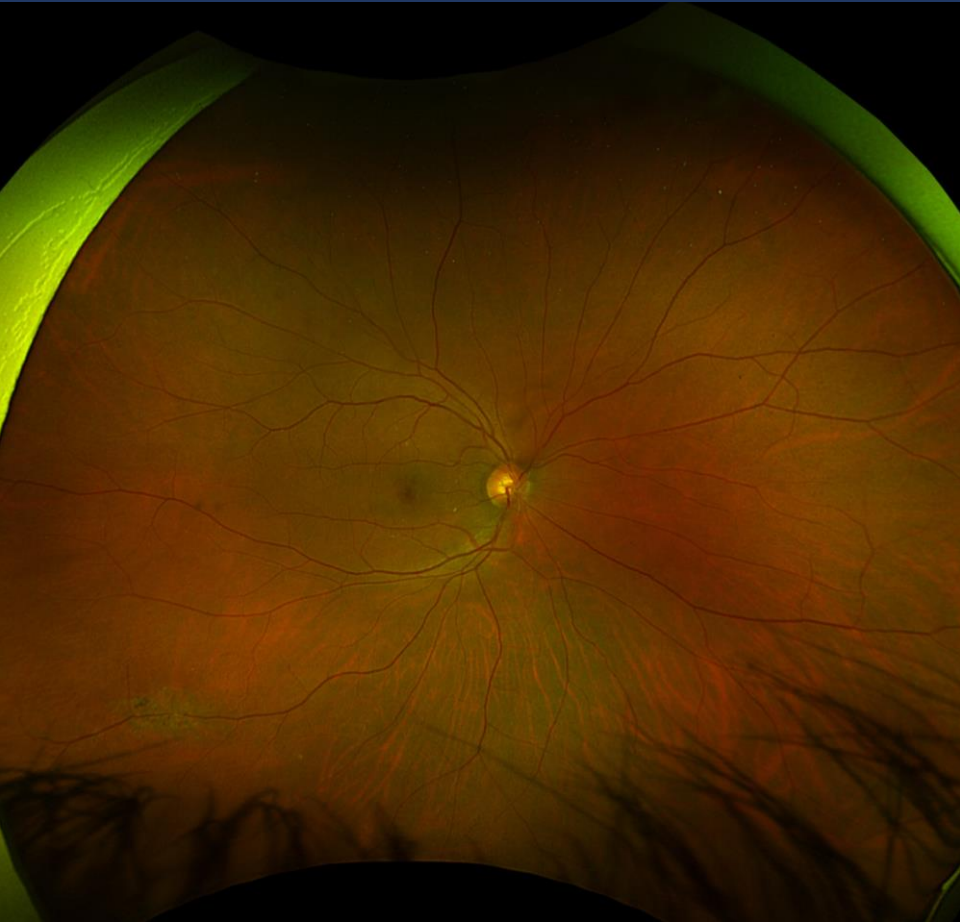
- 57 year-old male
 - No medical history
- Photopsias on the Right Eye (OD)
 - BCVA: 20/20 in Both eyes (OU)
 - IOP and Biomicroscopy: unremarkable
 - Retinography/Fundus Examination
 - Weiss Ring OD
 - Pigmentary foveal changes OD
 - Unremarkable OE
- OCT
 - Total posterior vitreous detachment (PVD) + apparent operculum
 - Full thickness micro macular hole <10 to 100 micrometers (smallest to biggest diameter)



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Management

- Perfect BCVA and Full PVD
 - Topical Prednisolone 1% 4 times a day
 - Follow up with OCT
 - 3 months
 - Full Closure
- Macular Microholes
 - Characterized by minimal visual deficit and nonprogressive clinical course
 - After PVD – chance of spontaneous closure
 - Clinical management might be an important step in handling micromacular hole cases



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RETINA
2024
47th BRAVS MEETING
APRIL 28th to MAY 1st
WINDSOR BARBA HOTEL
RIO DE JANEIRO - BRAZIL