

# Early surgical intervention in Valsalva Retinopathy



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APARECIDA

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## PURPOSE

To report the diagnosis, surgical treatment and evolution of a Valsalva retinopathy.

## METHODS

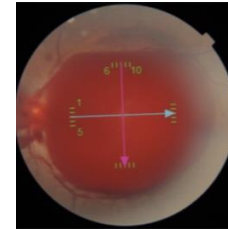
Data collection from medical records and test results.

## RESULTS

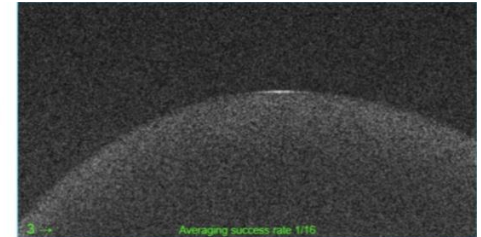
A 26-year-old male patient sought care due to sudden low visual acuity in the left eye after physical exertion at the gym that started three days ago. He had 20/20 vision in his right eye and counting fingers close to face in his left eye. The exam showed extensive subhyaloid hemorrhage with macular and peridiscal involvement, besides multiple hemorrhages in the periphery. A surgical approach was defined with basis on the patient's age and the extent of the condition. A pars plana vitrectomy was performed with removal of the central vitreous humor, posterior hyaloid and internal limiting membrane (ILM), confirming that the hemorrhage was below the ILM. One week after surgery, the patient had 20/25 in his left eye vision which is maintained after 6 months of follow-up. On his current examination, he presents with only retinal pallor.

## DISCUSSION

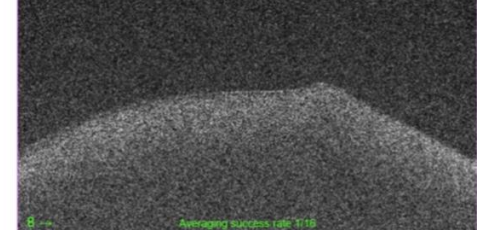
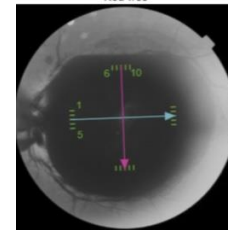
Regarding the treatment of Valsalva retinopathy, one can adopt an expectant management, the YAG laser hyaloidotomy or the vitrectomy via pars plana. The duration of the condition, the location of the bleeding, and the amount of blood are decisive factors regarding intervention: coagulation of the hematoma should be prevented quickly, due to the worse visual prognosis of retinal fibrosis. The need for rapid restoration of vision in binocular cases is also another important factor. Treatment should also avoid coagulation of the hematoma with subsequent retinal fibrosis. The advantage of the pars plana vitrectomy is a fast visual recovery, especially in cases of large, late or bilateral hemorrhages. In this case, the surgical treatment was chosen and the patient had an excellent outcome.



Red-free



Averaging success rate 1/16



Averaging success rate 1/16

