



SURGICAL CASE REPORT



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ID: Female, 38y

CC: long-standing low visual acuity in left eye, with recent worsening.

Denies any other symptoms.

PMH: Rheumatoid arthritis using Golimumab

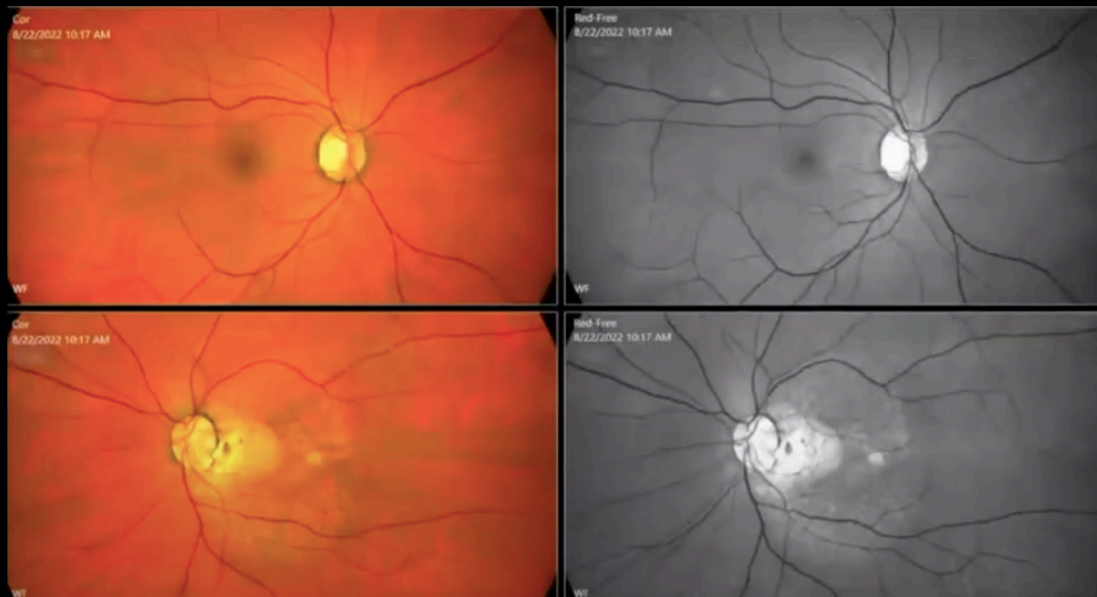
POF / PFH: Unremarkable

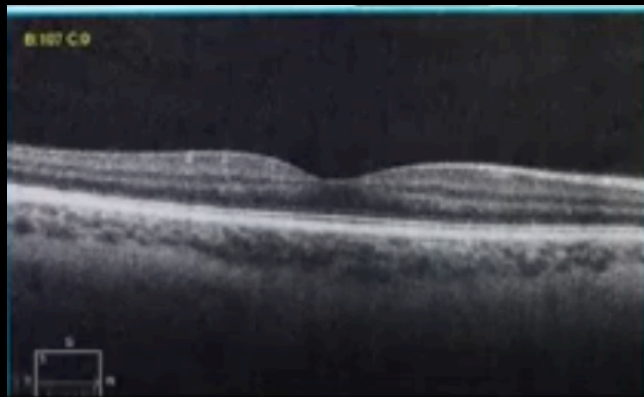
	Right eye	Left eye
BCVA	20/20	20/1600
IOP	14 mmhg	14 mmhg
Slip-Lamp Exam	Normal	Normal

Fundoscopy:

Right eye: normal

Left eye: circumscribed alteration in the optic disc temporally, and an area of temporal peripapillary atrophy extending to the fovea.

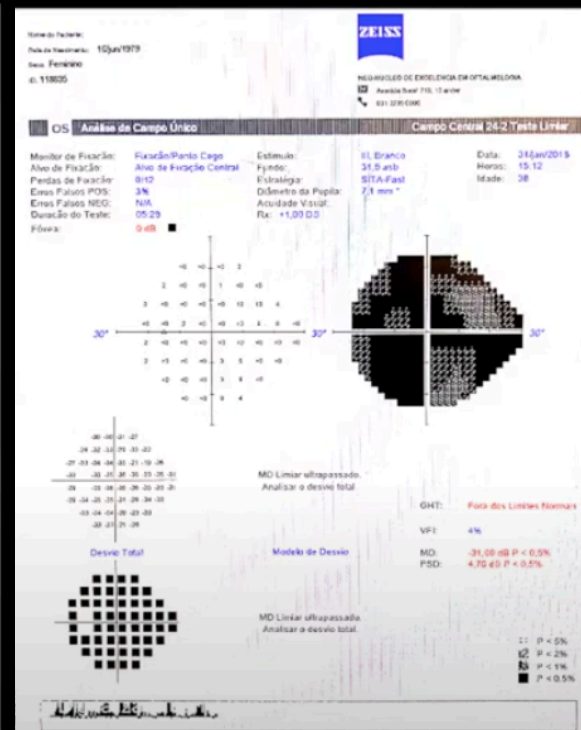
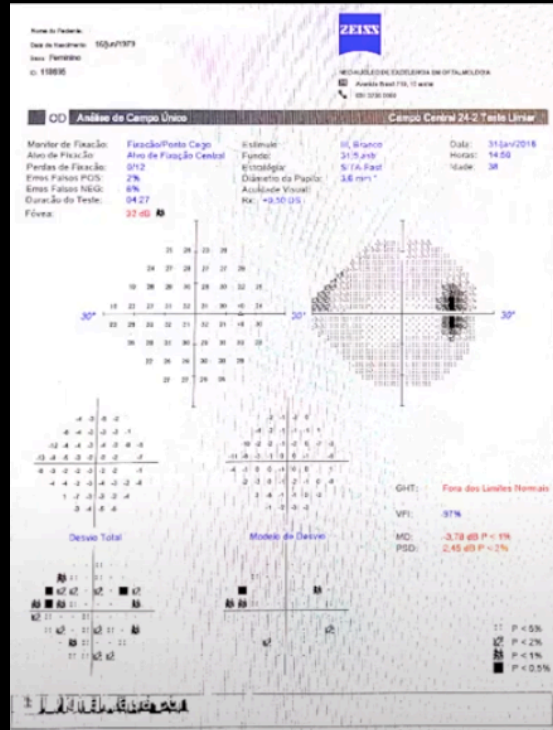




OCT

Right eye: normal

Left eye: intra and subretinal fluid and ellipsoid zone attenuation



CVC:

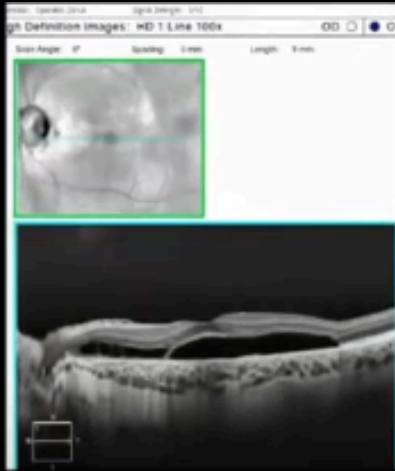
Right eye: no significant alterations

Left eye: diffuse relative and absolute scotomas

Treatment

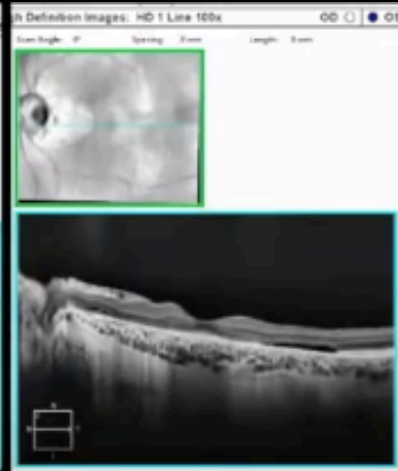


The patient underwent pars plana vitrectomy (PPV) with removal of the posterior hyaloid and injection of SF6 gas, without removal of the internal limiting membrane.



2019

3 months after the surgery



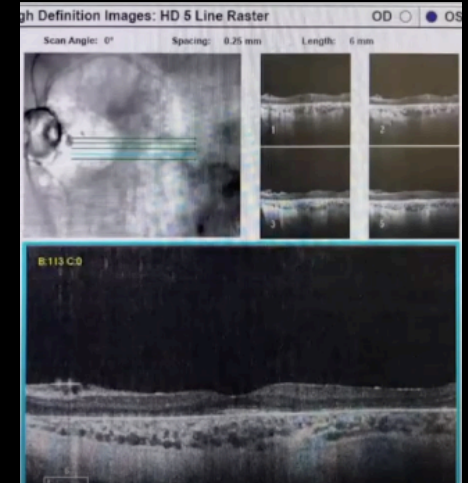
2020

1 year and 6 months
after the surgery



2021

2 years and 6 months
after the surgery



2022

3 years after the surgery
VA 20/200+1



MACULOPATHY ASSOCIATED WITH OPTIC DISC PIT



- Optic disc pit: rare congenital defect of the optic nerve head
- Maculopathy occurs at the 3-4th decade of life
- Macular alterations: serous detachment, macular cystic degeneration and schisis
- The origin of this fluid is still unclear
- Some cases have been reported to resolve spontaneously, but most cases require surgical intervention.
- Treatment:
 - 1) PPV + posterior hyaloid detachment (main form of treatment)
 - 2) Laser photocoagulation in the papillomacular bundle
 - 3) Pneumatic tamponade
 - 4) Macular buckle