



ISOLATED PLANA VITRECTOMY WITHOUT SCLERAL BUCKLE IN THE TREATMENT OF RHEGMATOGENOUS RETINAL DETACHMENT: VISUAL AND ANATOMICAL RESULTS ATE HOSPITAL DE OLHOS DO TOCANTINS.

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INTRODUCTION

METHODS:

RESULTS:

CONCLUSION

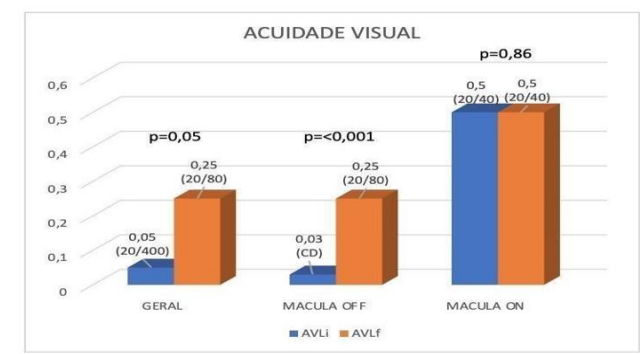
The Pars Plana Vitrectomy (PPV) became the most used surgical treatment of Rhegmatogenous Retinal Detachment (RRD) associated or not to Scleral Buckle (SB). The usage of an associated SB, even though it diminishes the tractions over the vitreous base and retinal rupture, and can reduce the frequency of recurring retinal detachment during the postoperative period, it also increases the surgery durations and can lead to complications such as postoperative refractive alterations, diplopia, choroidal hemorrhage and ischemia among others. Therefore, research was conducted to study the anatomical and visual results of the isolated PPV usage on the treatment of primary RRD at the Hospital de Olhos do Tocantins (HO).

Study of patients who undergone PPV surgery without SB for RRD at HO during the period between 2020 and 2023. Were analysed the best visual accuracy before and after surgery, the percentage of surgeries that reached a complete retinal attachment without a reapproach (Primary Anatomical Success - PAS) and the frequency of postoperative cystoid macular edema (CME), epiretinal membrane (EM) and recurring retinal detachment.

FIGURE:

The SAP was reached in 95,4% (82 out of 86) of the cases. The general visual accuracy increased from 20/80 before surgery to 20/80 on the postoperative, from partial blindness to 20/80 on patients with macula off ($p < 0,001$) and didn't change in patients with macula on (20/40; $p = 0,86$). There was recurring retinal detachment in 4,6% of the patients, presence of postoperative proliferative vitreoretinopathy (PVR) in 4,6% of patients and EM also in 4,6% of patients.

The pars plana vitrectomy without scleral buckle has high rates of anatomical and visual success in the treatment of RRD and similar to the results of PPV associated to SB as described in the literature, with a decreased duration of surgeries and lesser risks of secondary complications for the scleral implant.



Median of the initial and final visual acuities of patients in general, of those with macula on and those with macula off with respective p-values.