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RETROSPECTIVE COMPARATIVE STUDY BETWEEN 23 AND 25 GAUGE VITRECTOMY IN PROLIFERATIVE DIABETIC RETINOPATHY

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Objective: To compare the results of unimanual vitrectomy using 25+ gauge vitrectomy system with the bimanual 23 gauge in patients with severe posterior pole fibrovascular proliferation in diabetic retinopathy (DR).

Methods: We retrospectively analyzed the records of 26 patients (26 eyes), managed by 25+ G pars plana vitrectomy (PPV) (group A, 13 patients) and bimanual 23 G PPV (group B, 13 patients). Preoperative and postoperative examinations were: best spectacle corrected visual acuity (BSCVA) evaluation, slit lamp biomicroscopy, indirect ophthalmoscopy, A and B-scan ultrasound, applanation tonometry and spectral domain OCT. Inclusion criteria were: proliferative diabetic retinopathy with posterior pole fibro-vascular membrane in pseudophakic patients, treated by retinal photocoagulation. Vitrectomy was performed four days after 1.25 mg/0.05 ml bevacizumab intravitreal injection.

Results: The surgical time was 35 minutes (range 25-46) for group A and 53 minutes (range 38-61) for group B. The surgical time between A and B group was clinically significant. Mean post operative BSCVA was better in group A patients.

Conclusions: The 25+ G vitrectomy approach, in patients with severe proliferative DR, was found effective and safe, showing better results in surgical time and in BSCVA.

CONSERVATIVE TREATMENT OF SMALL AND MEDIUM CHOROIDAL MELANOMA

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Objective: To evaluate the results of two conservative treatments in small and medium choroidal melanoma.

Methods: We retrospectively analyzed the records (visual acuity, loco-regional recurrence and complications) of 20 patients (20 eyes) affected by posterior pole choroidal melanoma treated by combined transpupillary thermotherapy (TTT) and brachytherapy (10 eyes, group A) and TTT (10 eyes group B). Ru 106 brachytherapy was followed by TTT treatment, four months after plaque removing. The mean tumor thickness was 3,9 mm in group A, and 2,6 mm in group B, the mean diameter 10,9 mm in group A, and 6.5 mm in group B. Doses of 350Gy- 80Gy were administered, depending on the tumor thickness; TTT was performed by 810 nm diodes laser.

Results: 20 eyes studied showed complete tumor regression. In both groups 6 eyes had 1 TTT treatment and 4 > 1 treatment. Complications occurred were: maculopathy (5 eyes, group A; 3, group B), optic neuropathy in (2, A; 2, B), retinal hemorrhages (2, A; 3, B), retinal vein occlusion (1, A; 2, B). Recurrence occurred in one patient (group B). A significant decreasing in visual acuity was observed after treatment in group A.

Conclusions: Results at 5 years follow-up of the treatment of small and medium choroidal melanoma by combined TTT and brachytherapy and TTT show a good loco-regional control of the disease.

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