Vitreoretinal Surgery Severe Uveitis: Is It Worth It?

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I have no conflicts to disclose.

Friday Walk In

Crushed by alligator?

There's a code for that!

ICD-10 W5803XA
Surgery in Uveitis

- Fraught with risks
- Timing is of essence
- Generally in “good prognosis” patients
- Avoid in active disease
- No macular surgery in general
- Let's discuss some real problems

TAKE HOME MESSAGE

- There is value in surgery even in advanced severe uveitis
- Selection is key
- Younger tend to be better
- Macular edema still challenging
- If possible, get it inactive
Case 1

HPI
- 24 year-old Caucasian female presents with bilateral panuveitis
- Hx of poor vision OU, recurrent red eyes and light sensitivity past 3 years
- Hx IVDU on suboxone
- Hx of oral ulcers and skin “blisters” on legs
- VA 20/200 OD and CF 4ft OS
- 2+Vitreous cell OD, +hypopyon OS with 3+vitreous cell
Course

- Started oral prednisone 10mg PO daily, Valtrex 1g TID, Levraquin 500mg PO BID, PF 1 gits QID and atropine daily
- Immune focused investigations were done, negative except HLA B51
- Diagnosed with Behcets disease Japanese criteria “GOOSE”
- She was ultimately treated with Cellcept, cyclosporine and low dose prednisone and she remained quiet after 1 year
- VA 20/200 OD and 20/40 OS

Question?

- Would you consider vitrectomy and macular hole repair in the right eye?

Secondary Macular Hole

- Orbital trauma
- High myopia
- Uveitis (Behcets, Cat scratch, Fungal endophthalmitis, Syphilis, VKH)
- Retinitis Pigmentosa
- Stargardt disease
- Alport syndrome
- Best macular dystrophy
- X linked Juvenile retinoschisis
- Retinal arterial macroaneurysm
- Laser induced maculopathy
Macular hole closure

- Idiopathic macular hole closure rate is 85% or more with use of PPV/ILM peel and gas or silicone tamponade

- Spontaneous closure is less common

- Secondary hole closure rate has lower rate
  - Due to larger hole size
  - Decreased retinal extensibility after retinal inflammation

Behcets

- Uveitis in Behcets is most frequently panuveitis

- Macular edema is common and can get irreversible ischemia

- Full thickness macular holes are uncommon and reported at 3.4%

Macular Hole in Behcets Disease
Hassan Al-DBhi et al
Sept 2011

- Retrospective study of Behcets patients with MH from Jan 1998 to Nov 2008
- Of 159 patients, 21 eyes of 17 patients had MH
- 6 patients underwent PPV (2 had MH related RRD) → only 1 hole closed
- Surgical intervention did not result in significant visual improvement as compared to non-operated eyes
  - EXCEPT for 1 patient who did not have macular ischemia

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Pars plana vitrectomy with internal limiting membrane removal for a macular hole associated with Behçet’s disease
T-T Wu and M-C Hong

Back to our patient
- Patient underwent PPV/membrane peel/C3F8 13% gas 6.12.15
**Question?**

- Now her vision is 20/100 OD
- How would you manage this patient now?
- Observe vs re-operate?
- She underwent second PPV/membrane peel/C3F8 13% gas 10.21.15

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**Case 2: Sarcoidosis 20/100 from 1 yr ago 20/60 20/40 2 year prior**
Watch?

Compare
MFC with intractable CME

- On TNF-1 Cellcept and CSA plus periodic Ozurdex: risk of CNV but persistent CME would destroy central macula.
- PREPARE SURGICAL PATIENTS WELL
- PREPARE YOURSELF
- PREPARE STAFF

References