

Case Report

Spontaneous Closed Macular Hole in a Pseudophakic Eye - A Case Report

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- Macular hole
- Spontaneous closer

Abstract

An 85-year-old monocular glaucomatous male patient underwent uncomplicated cataract surgery on his better eye. Three months later his visual acuity worsened, distorted vision appeared. Macular hole was diagnosed. Non-steroid anti-inflammatory treatment was administered but complains worsened. During the previtrectomy investigations, patient's visual acuity began to improve and the hole closed.

ABBREVIATIONS

OCT: Ocular Coherency Tomography; BCVA: Best Corrected Visual Acuity

INTRODUCTION

Spontaneous macular hole closer is a rare entity. Spontaneous closure of a macular hole has been reported in literature. While not common, it is a known occurrence.

CASE PRESENTATION

An 85-year-old monocular glaucomatous, Azopt (brinzolamide twice a day) treated male patient underwent uncomplicated cataract surgery on his better, right eye. His left eye is without light perception after trabeculectomy. The intervention was successful, the post-phacoemulsification best corrected visual acuity was 0.9 Snellen E.

Three months later his visual acuity worsened, distorted

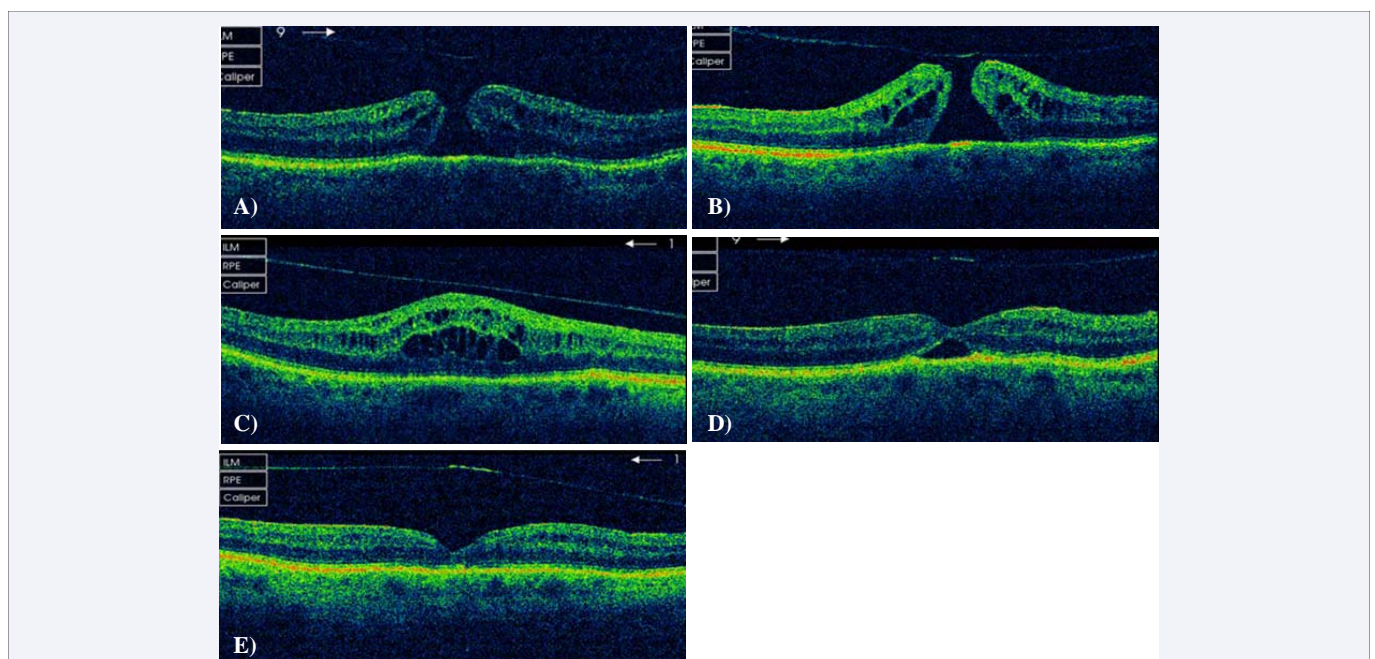


Figure 1 A: OCT picture, 1.examination, BCVA: 0.1, B: OCT picture, 1 months later, BCVA: 0.04, C: OCT picture, 3 months later, BCVA: 0.3, D: OCT picture, 6 months later, BCVA: 0.3, E: OCT picture, 8 months later, BCVA: 0.6.

vision appeared and the patient was directed to our clinic for further investigations. At his first visit the visual acuity on his better eye was 0.1 Snellen E and OCT investigation was performed. Macular hole was diagnosed (Figure 1a). Non-steroid anti-inflammatory treatment, Yellox (bromfenac twice a day) was administered but complaints worsened, visual acuity decreased (0.04 Snellen E, Figure 1b). Pars plana vitrectomy was indicated.

During the previtrectomy investigations, patient's visual acuity began to improve (0.3-0.6 Snellen E) and the hole closed (Figure 1c-1e).

DISCUSSION

Macular hole can develop after cystoid macular edema, caused by cataract surgery, venous occlusion, diabetic retinopathy or peripheral uveitis. This disease can be caused by traumas affecting the eye, preretinal fibrosis or menopause.

The rate of spontaneous closer is between 5-10%. The background of the closer is unknown, it's hard to tell from the

OCTs but could there be vitreous traction on one edge of the hole, which released, leading to hole closure. Most often was detected in traumatic cases of young male patients, mainly in Japan [1-5].

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