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MIOR 2019

*Retinal Expansion
&
Macular Massage*

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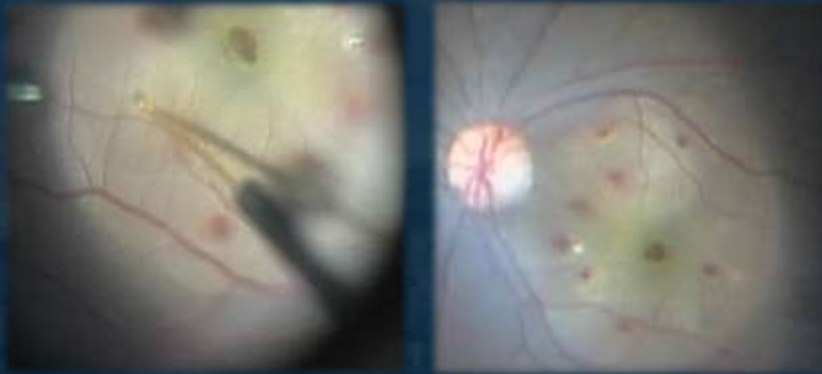
How to manage large full thickness MH ?

- Standard technique (PPV + ILM peeling)
- Adjuvant :
 - Inverted ILM flap
 - Macular graft
 - Autologous serum and platelet concentration
 - Retinal expansion technique
 - Macular massage

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Retinal expansion technique (post pole detachment)



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Retinal expansion technique

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Macular Detachment for the Treatment of Persistent Full-Thickness Macular Holes

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Macular massage

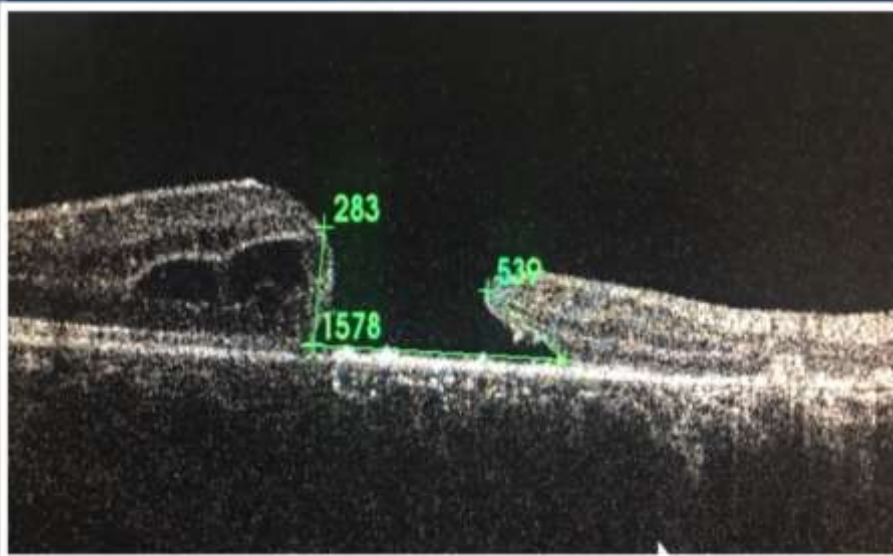
- After detachment post pole the retina is massaged gently around the hole from the periphery to the center in order to join the edges of hole mechanically.
- Hole → oval → slit-like and eventually closes at the end of the procedure.
- Scraper

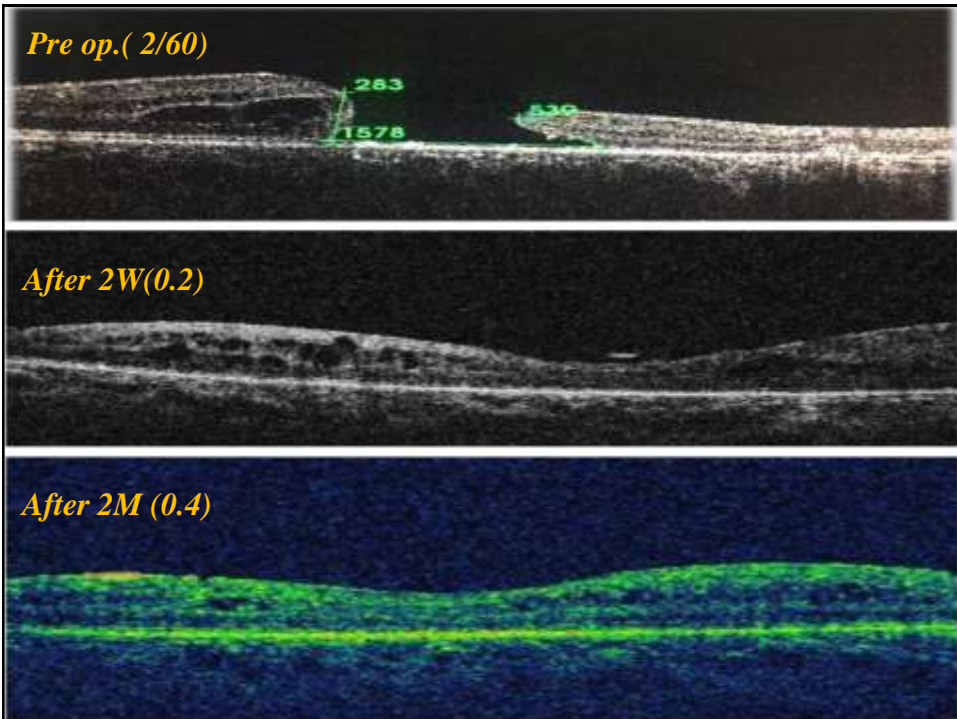
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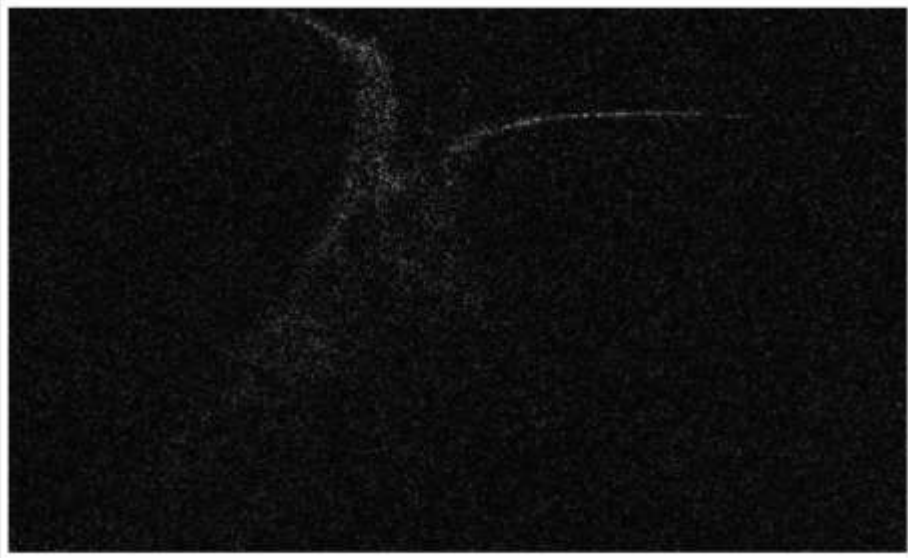
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1) Traumatic macular hole (2/60)

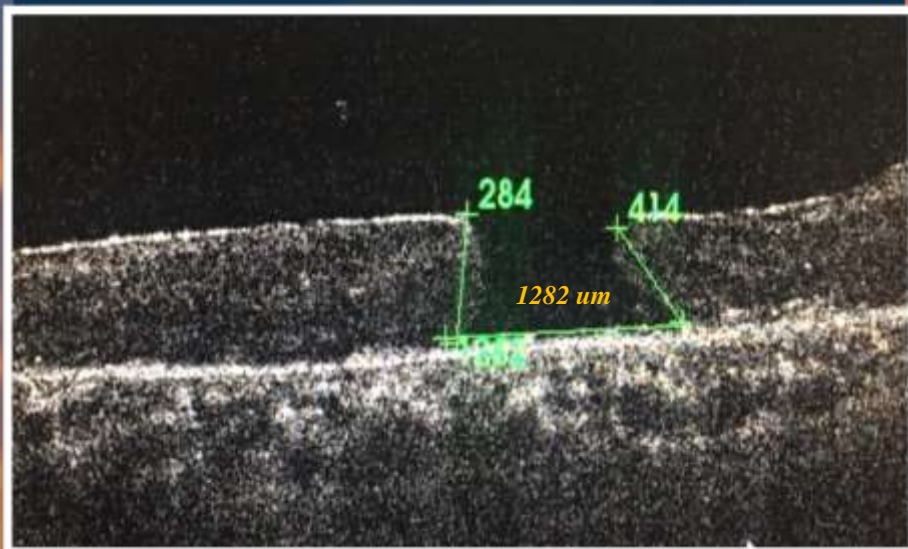


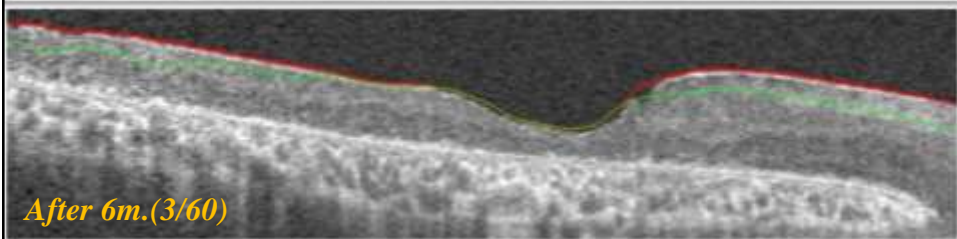
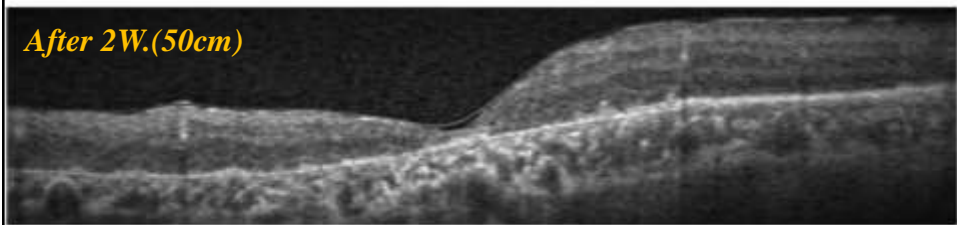
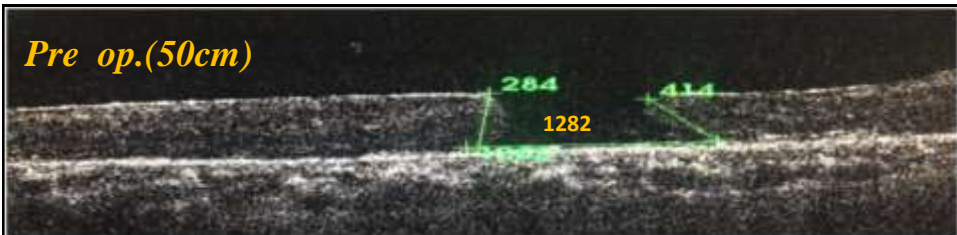


2)TRD involving macula(H.M)

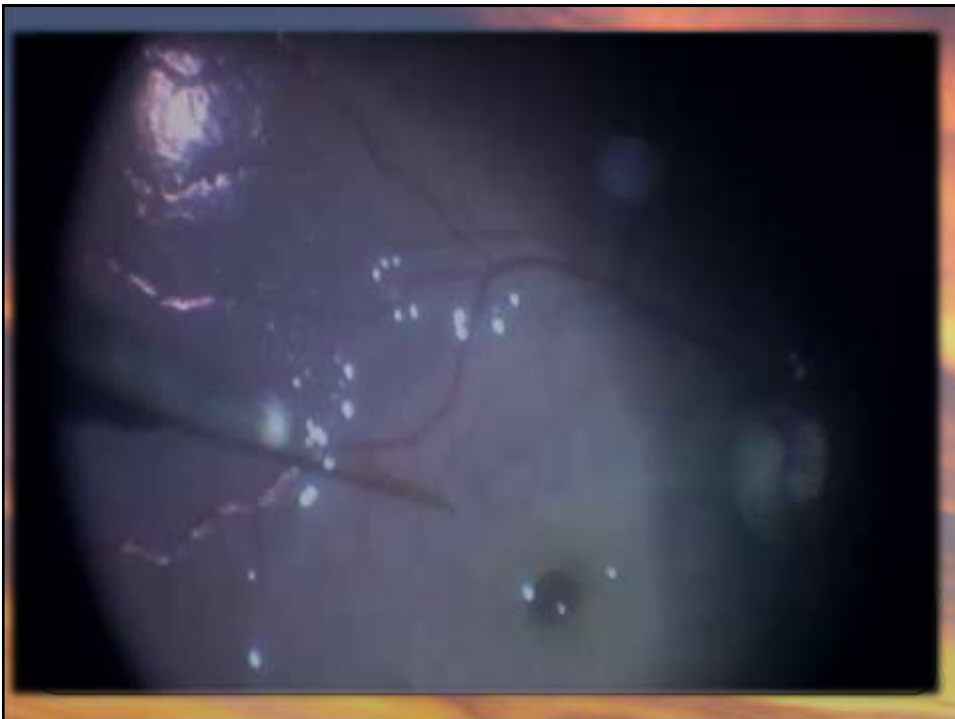
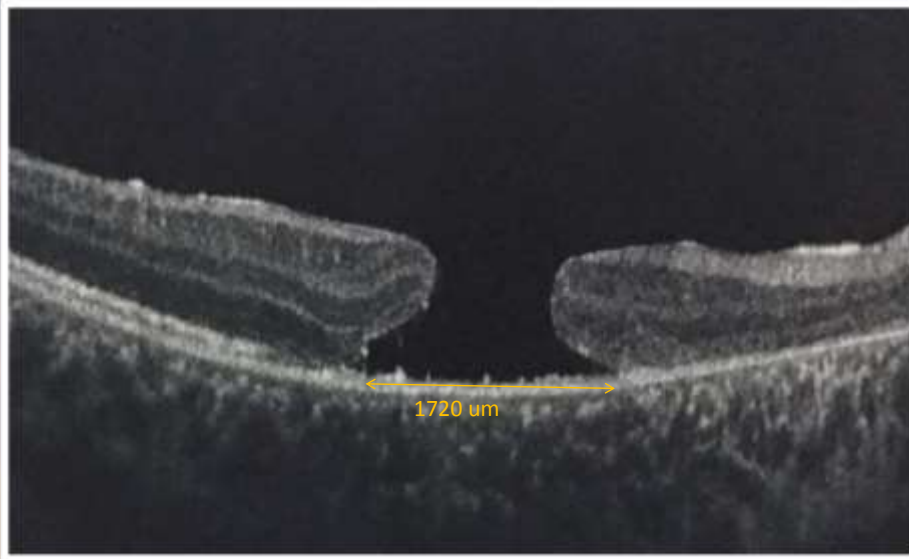


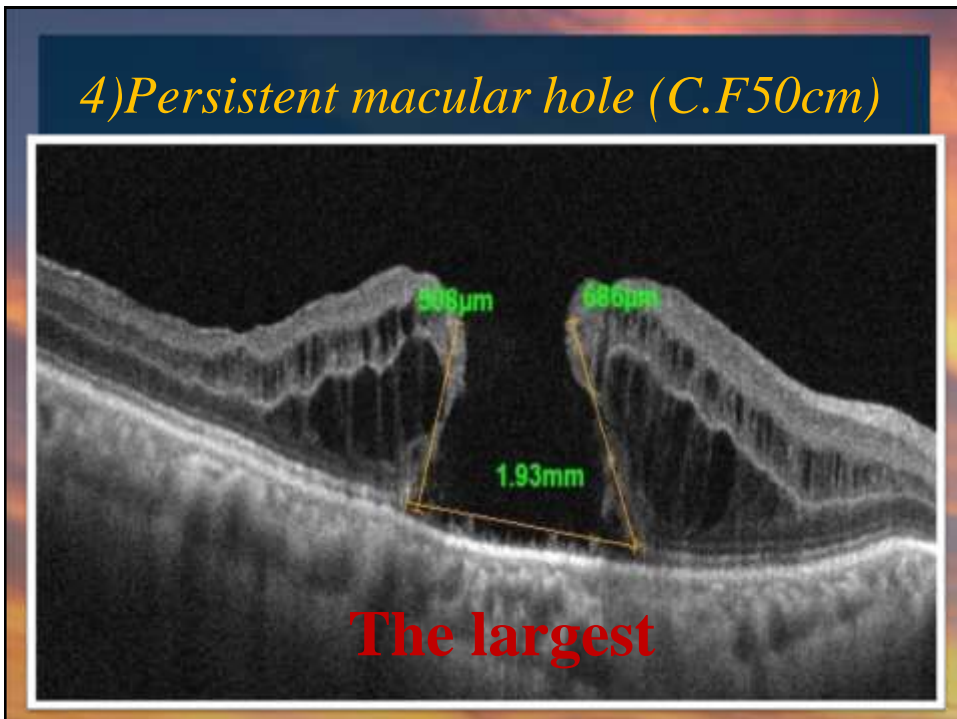
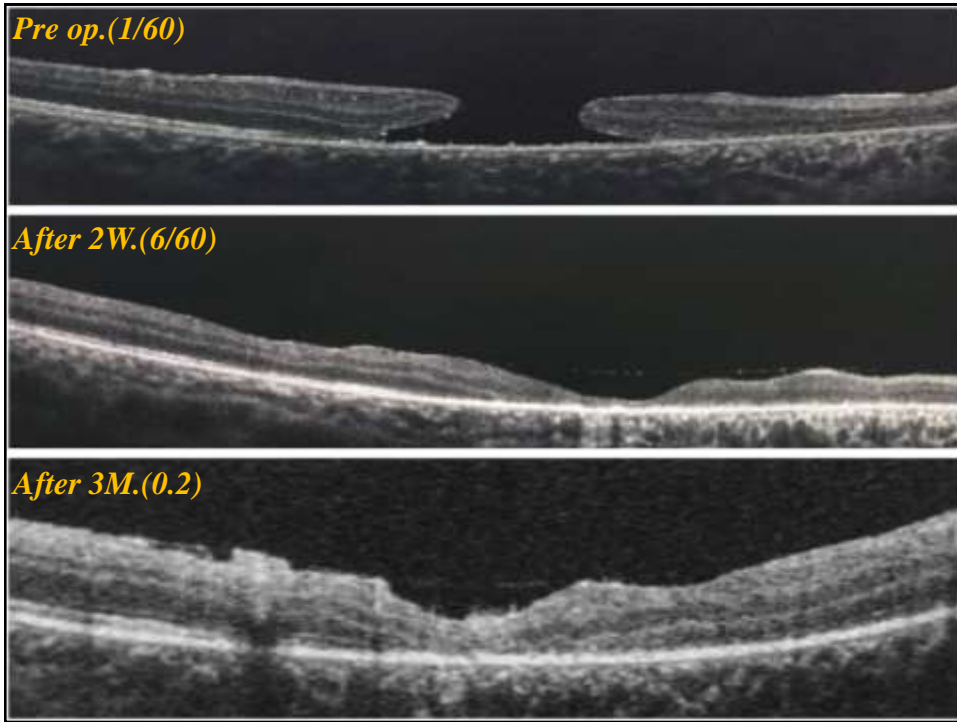
8 m. post phaco-vitrectomy(50cm)

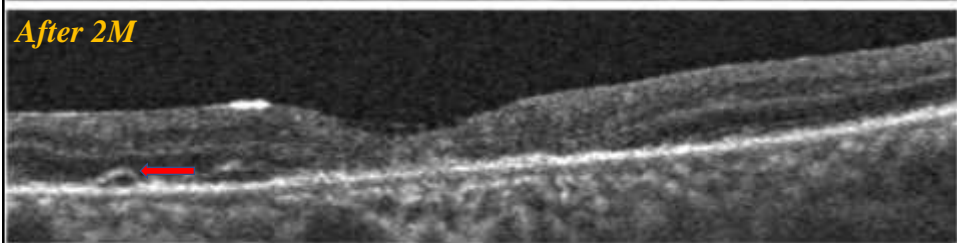
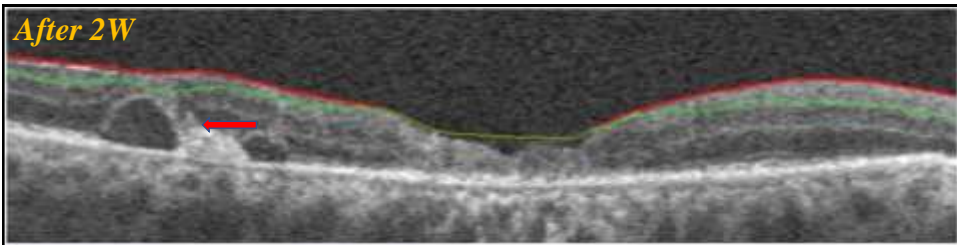
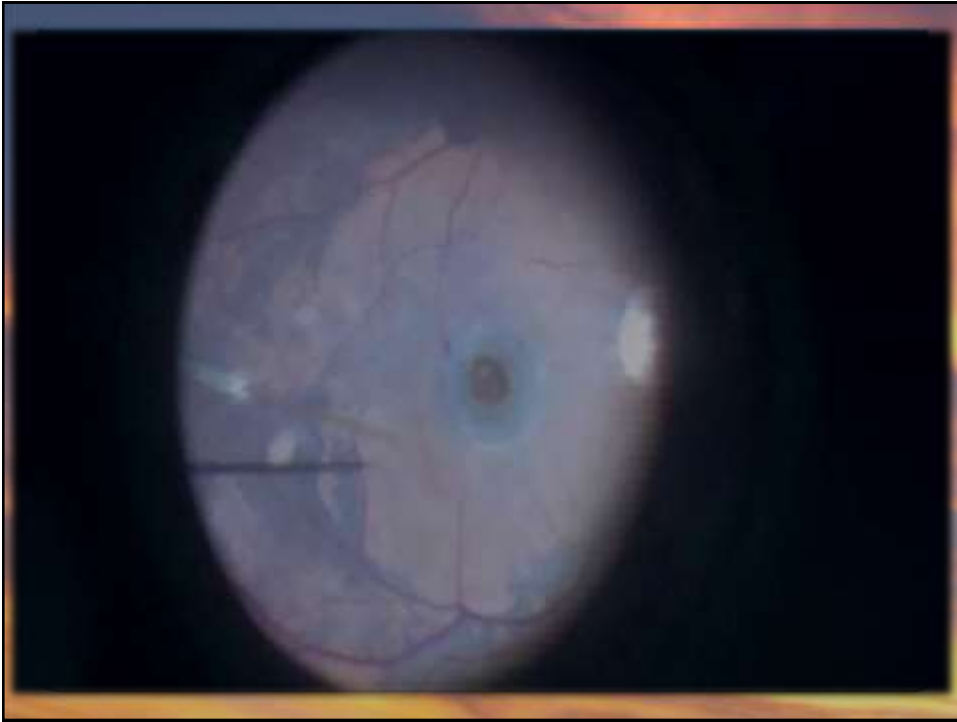


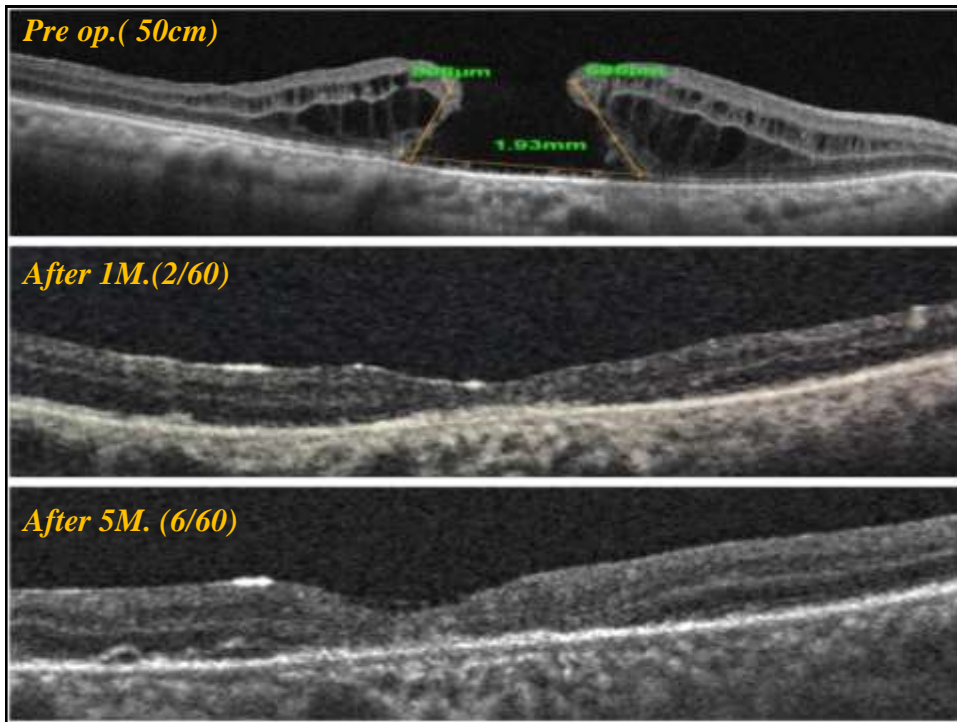


3) Traumatic macular hole (1/60)









To summarize ...

- 4 patients with large MH (from 1282 to 1930 μ m)
 - 2 traumatic
 - 1 persistent
 - 1 post ppv for TRD
- Type 1 closure of the MH (closure **without any defect** of the neurosensory retina) and close with retinal tissue not gliosis
- Rapid gain in visual acuity

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Take home massage

- Standard technique alone Not enough .
- combining retinal expansion and macular massage techniques into one technique, can achieve promising results (more evaluation & follow up).
- We can use this technique as **1ry or 2ry treatment**

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