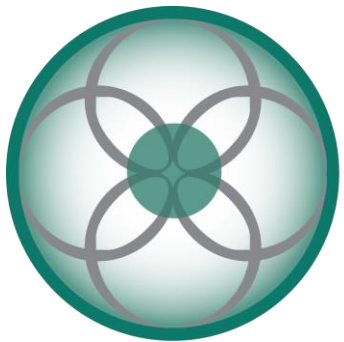


Vitreomacular Traction Syndrome



InSight

RETINA CONSULTANTS, P.C.

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Definition of syndrome:

- A group of signs and symptoms which occur together and characterize a particular abnormality or condition

Vitreomacular traction (VMT) syndrome requires:

1. an incomplete posterior vitreous detachment (PVD), which subsequently leads to...
2. vitreomacular traction



Symptoms of VMT syndrome include:

1. Metamorphopsia (distortion of images)
2. Micropsia (when images appear smaller than their actual size)
3. Photopsia (when a person sees flashes of light in their eye)
4. Decreased sharpness of vision

VMT syndrome may lead to:

- 1) Epiretinal membrane
- 2) Cystoid macular edema
- 3) Full-thickness macular hole



VMT syndrome is caused by:

1. Age-related liquefaction (ie, becoming liquid) of the vitreous gel along with continuous anterior-posterior and tractional forces on the macula.
2. Weakening of the attachments of the vitreous cortex and internal limiting membrane, which can potentially lead to partial detachment of the posterior hyaloid.

Treatment options

1. Watchful waiting and monitoring with OCT. Some patients will experience spontaneous resolution of VMT. Some will also develop full-thickness macular hole.
2. Pars plana vitrectomy. Success rate is near 100%, although this surgery may lead to full-thickness macular hole.
3. Intravitreal ocriplasmin (Jetrea). Success rate is 40%. This treatment may lead to full-thickness macular hole, retinal tear, or retinal detachment.
4. Pneumatic vitreolysis. Success rate is 80%. This treatment may lead to full-thickness macular hole, retinal tear, or retinal detachment.

Case presentations

- JC
- 60 y/o CM
- CC: blurred vision and distortion OD
- VA 11-08-19: 20/50-1 OD & 20/40+2 OS without correction, with trace cortical cataract OU
- Pt elects observation

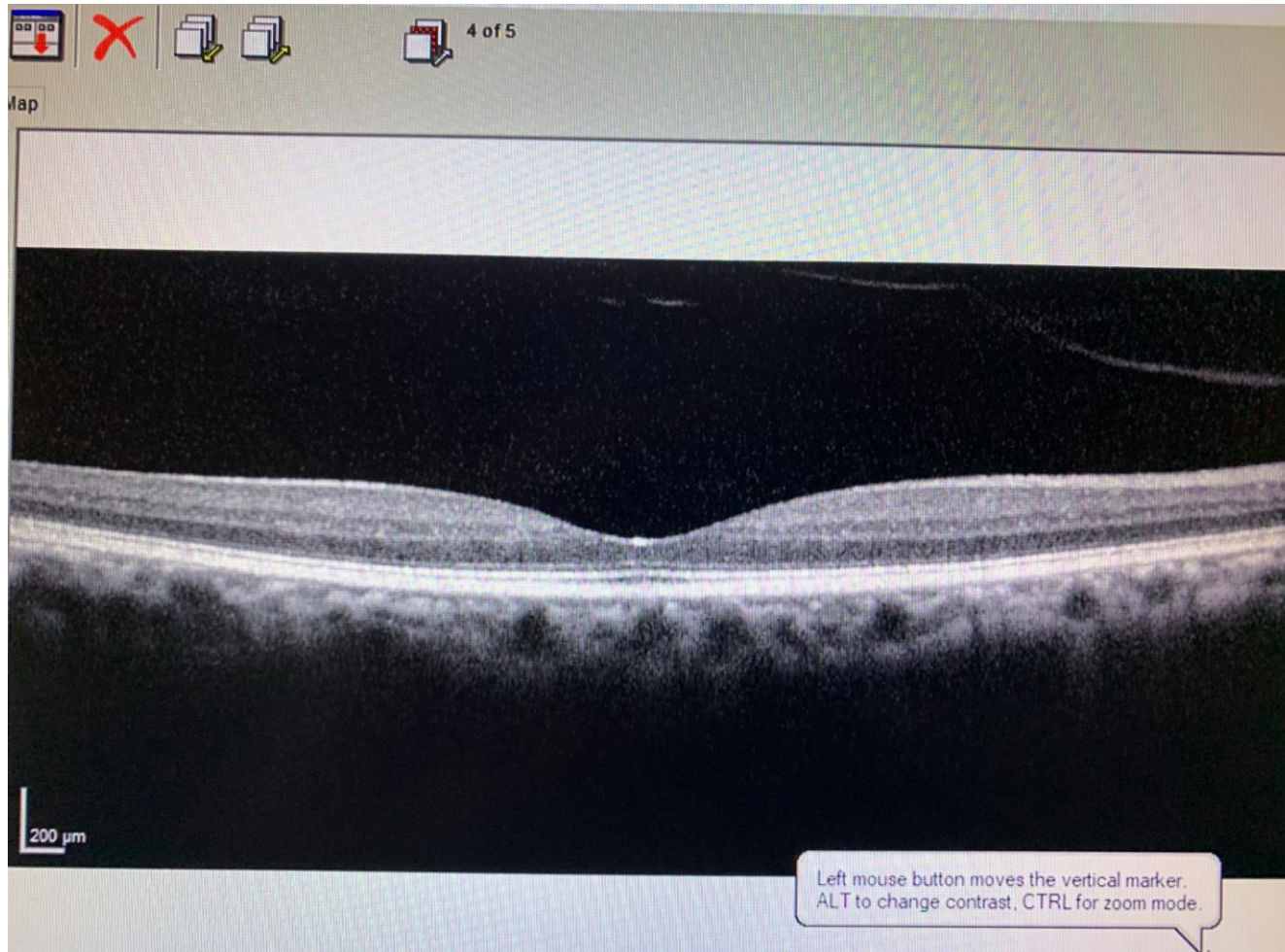
Right eye 11-08-19



Left eye 11-08-19



VA 11-24-20: 20/30+2 OD & 20/30-1 OS with correction. Patient feels VA OS is worsening.



Left eye 11-24-20



Left eye 12-01-20. VA OS 20/40-1



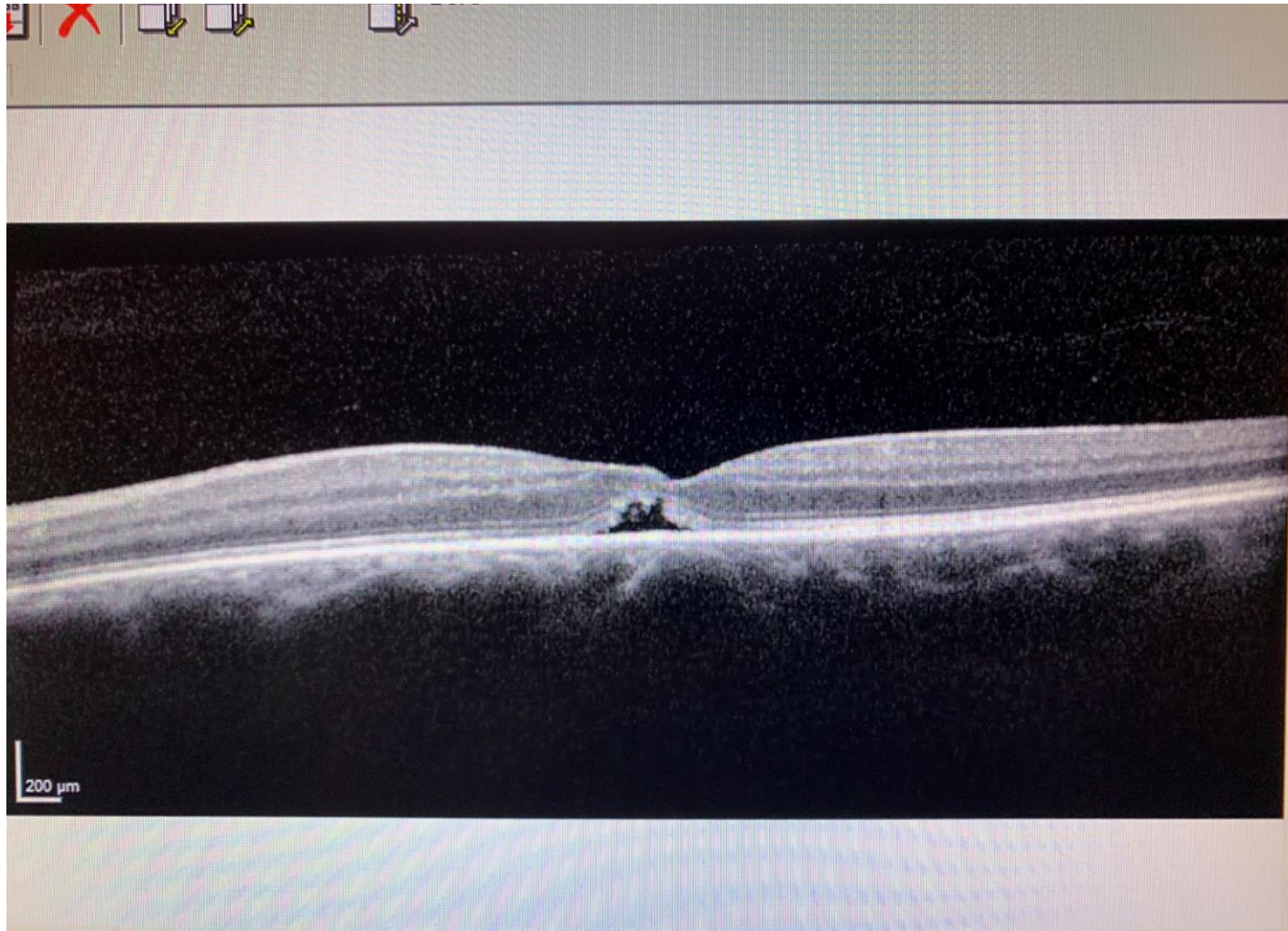
Left eye 2-10-21. VA OS 20/20-1



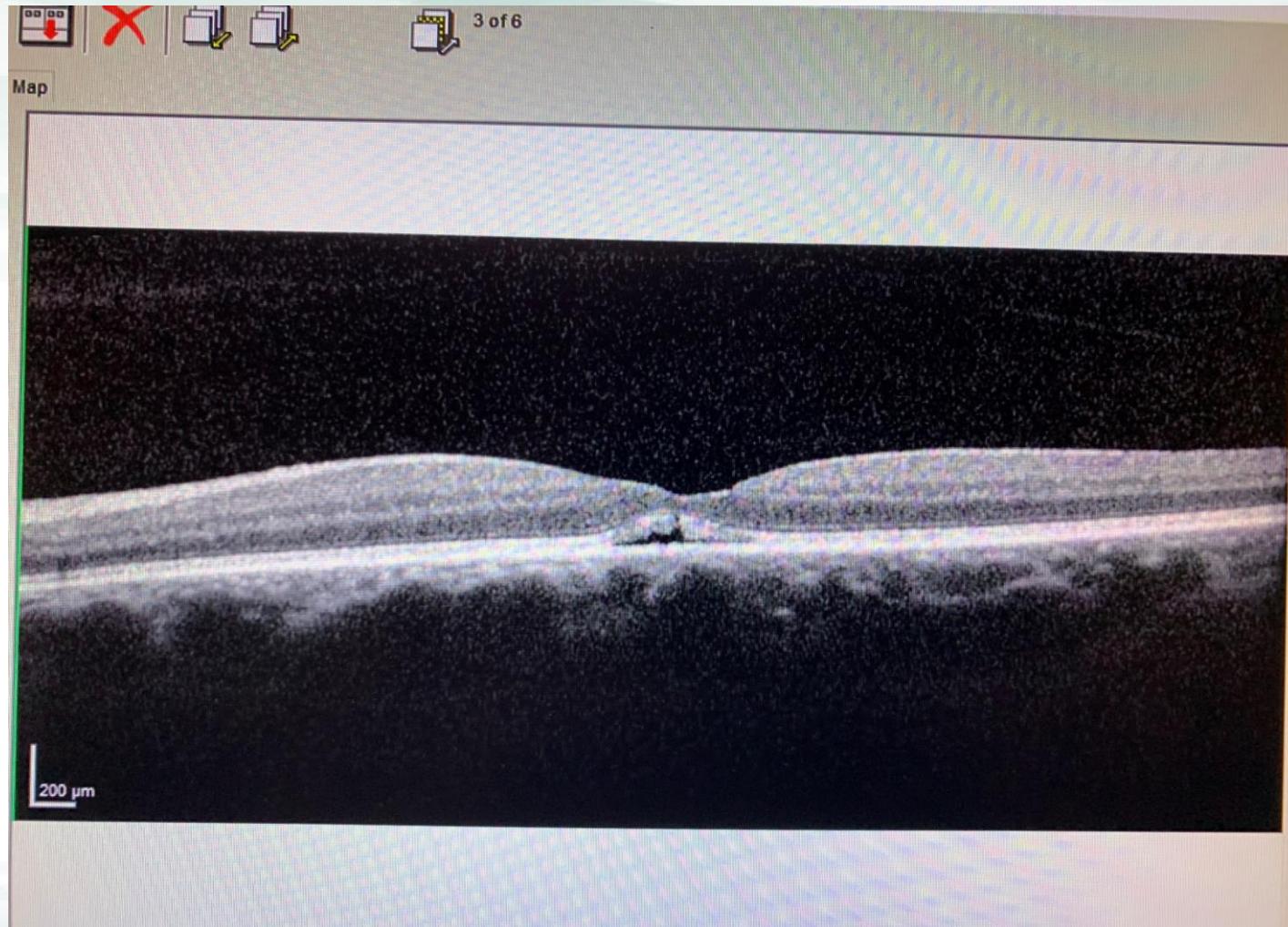
- DD
- 65 y/o CM
- CC: one week history of blurred and distorted vision OS
- 05-21-19, VA OD 20/20-2, VA OS 20/70+1, with correction (trace NS OU)
- OCT OS shows stage II full-thickness macular hole



OCT OS 05-29-19. VA OS 20/40-1



OCT OS 07-05-19. VA OS 20/40-2



OCT OS 6-10-20. VA OS 20/30-1



- AT
- 65 y/o CF referred for FTMH OS and VMT OD
- CC: 7 wk history of blurred vision OS; no complaints OD
- On 05-18-17, VA OD 20/30, and VA OS 20/70-2
- OCT shows VMT OD and stage II FTMH OS

Right eye



Left eye



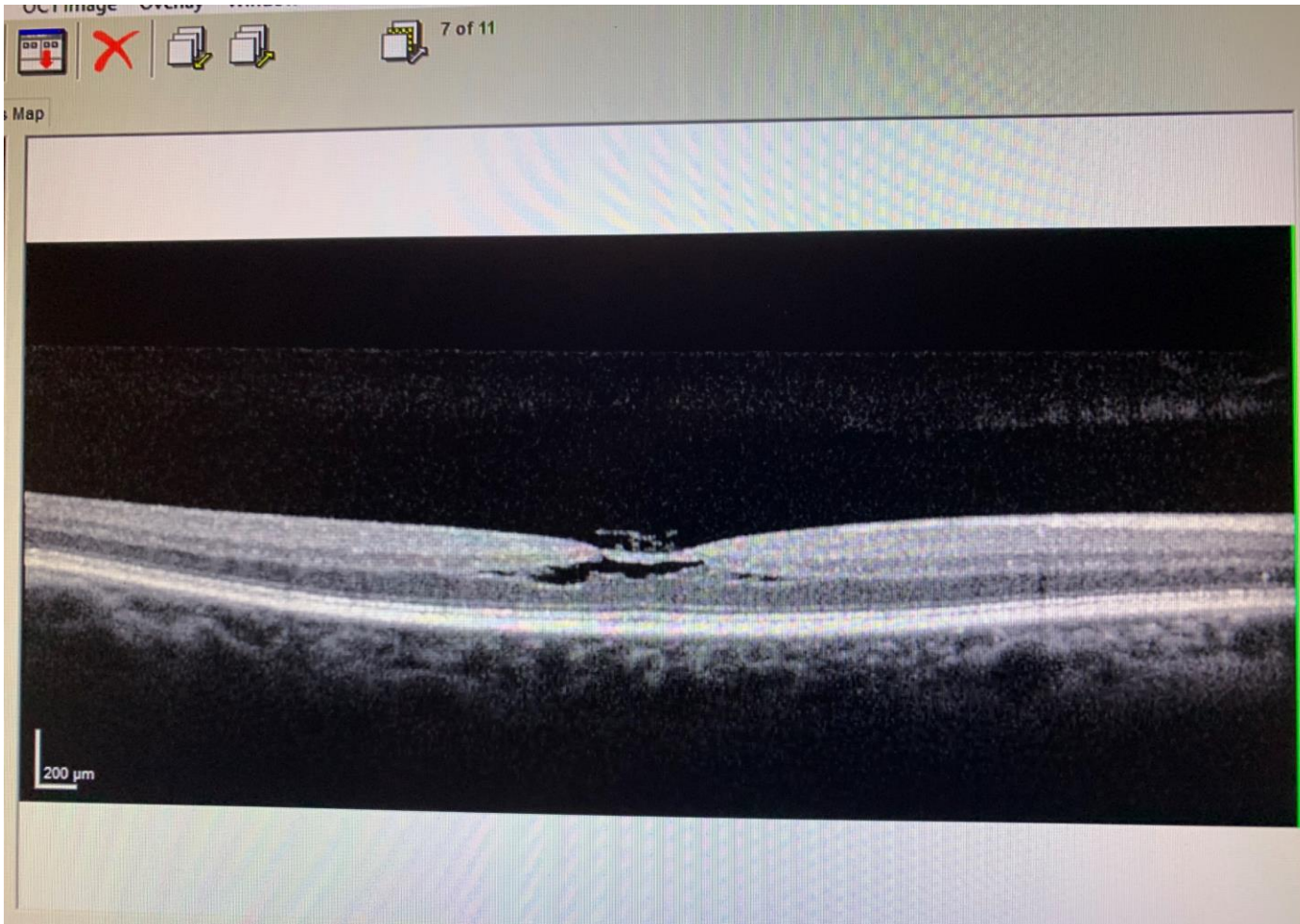
VA OD 4-16-19 20/40; treatment recommended.



VA OD 6-4-19 20/30-2



VA OD 6-11-19 20/30



VA OD 7-9-19 20/40 (trace NS)



VA OD 6-9-20 20/40



VA OS 6-9-20 20/60+1 (PC IOL)



- LS
- 65 y/o CF
- CC: vision becoming blurred gradually for years
- On 08-02-19, VA OD 20/50-1 and VA OS 20/40-1 with correction
- OCT shows stage Ib macular hole OD and vitreomacular adhesion OS

Right eye



Left eye



Right eye 08-13-19. VA 20/50.



Right eye 08-21-19. VA 20/50.



PPV, ILM peel, gas OD on 09-23-19.
Right eye 10-03-19. VA OD 20/50.



Right eye 09-15-20. VA OD 20/30+2, with PC IOL.

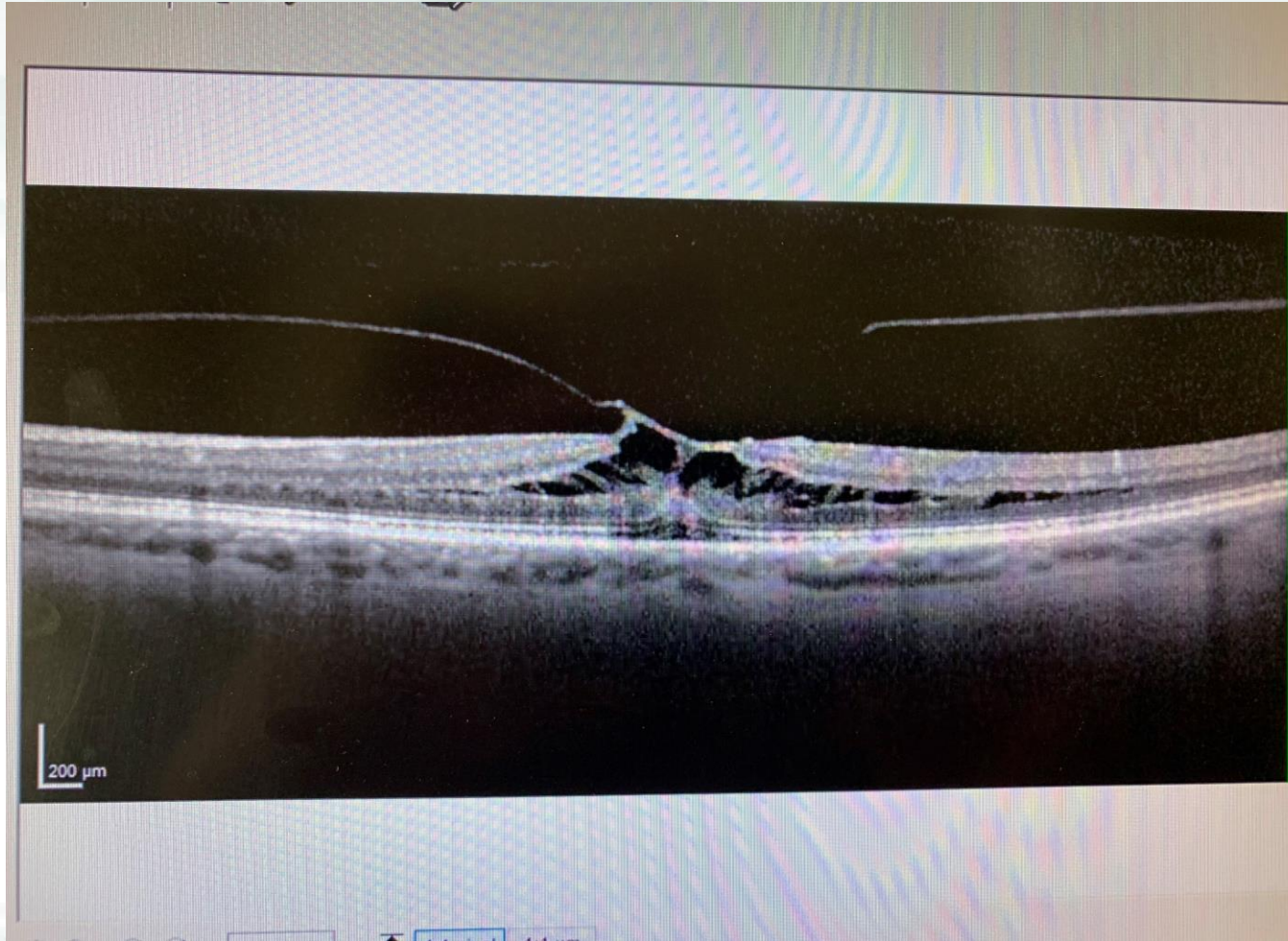


- MH
- 62 y/o CF
- CC: increasing distortion left eye
- On 10-31-19, VA OD 20/30+2 and VA OS 20/50+2, down from 20/20-1
- OCT shows ERM OD and VMT OS
- Patient is phakic OU

Right eye



Left eye



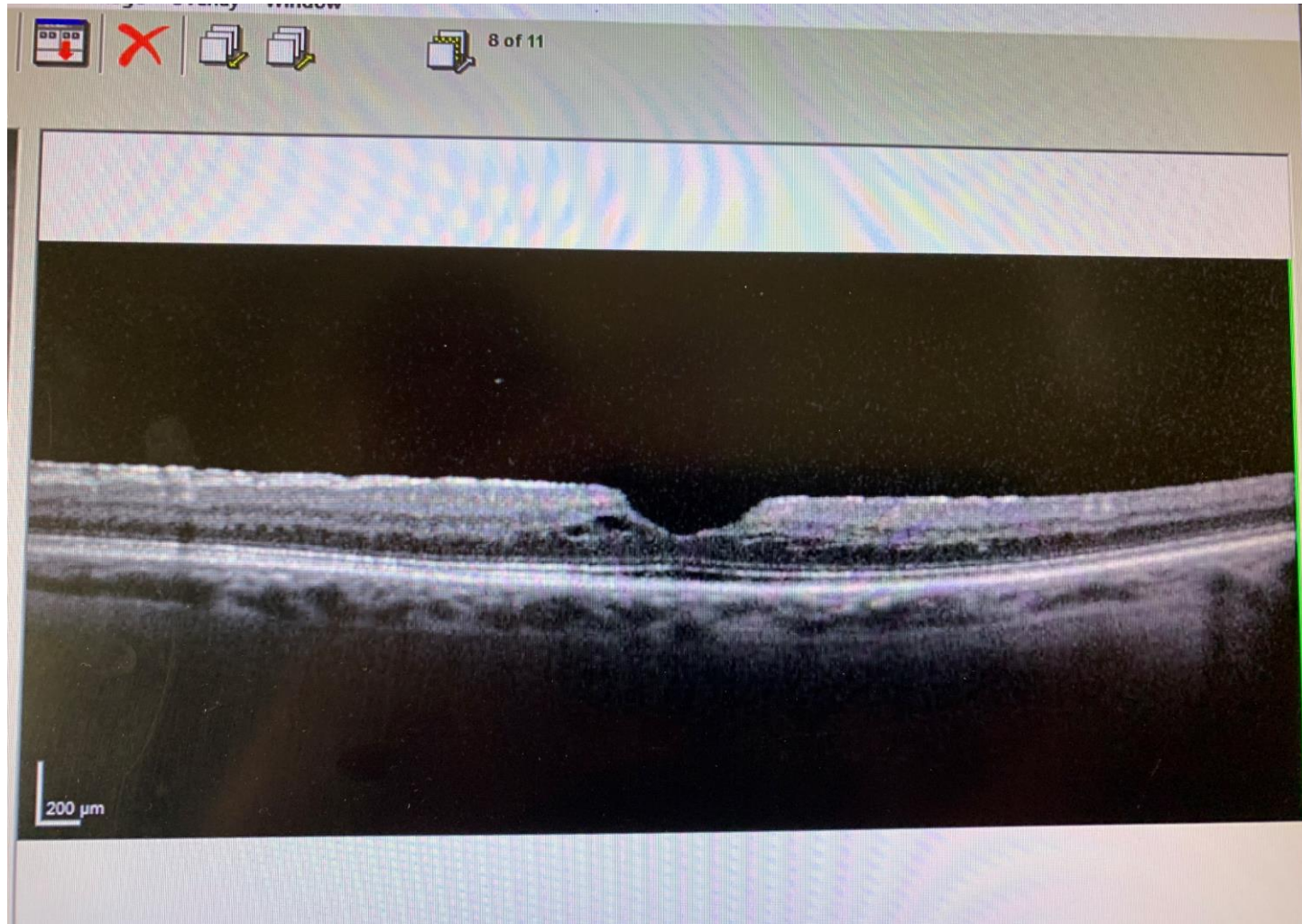
Left eye 11-06-19. VA 20/60+2.



Left eye 12-04-19. VA 20/40+2.



Left eye 03-04-20. VA 20/30+2.



Left eye 01-26-21. VA 20/20-2.



Right eye 01-26-21. VA 20/40-2.



THE END.
Thank you!