

3-port pars plana vitrectomy was carried out to remove the peripheral/anterior vitreous as well as the posterior vitreous. (2) A tapered diathermy probe was used for retinotomy. Usually, the retinotomy was made straight temporally and slightly superior of the subfoveal net. (3) Hydrodissection or viscodissection was performed with an angled, 130 33-gauge beveled infusion needle. (4) Microdissection of the complex from surrounding tissues was made with a 130 36-gauge, pointed subretinal pick when possible. (5) The infusion bottle was elevated to raise the intraocular pressure, so hemostasis could be achieved immediately after disrupting any blood vessel connections during this membrane manipulation. (6) Subretinal forceps were used to remove CNVMs. (7) An air-fluid exchange was then performed with aspiration over the optic nerve head. (8) Gas tamponade was performed with C₃F₈ gas.

RESULTS

The initial visual acuity of all eyes ranged from CF/10 to CF/80 cm. The mean follow-up was 30.3 months (range, 24-37 months) with a median of 29.5 months. At 2-year follow-up examinations, the visual acuity of all eyes ranged from light perception to 20/200.

The surgical results showed that visual acuity remained stable (eyes: 50%) or improved (eyes: 33%) in eyes (83%), and decreased in one eye (17%). The postoperative fundigrams and fluorescein angiograms are shown in Figs. 5-8. Histopathological evaluation of the excised tissue showed neovascular tissue and marked fibroblast proliferation (Figs 9, 10); these findings correspond to our clinical diagnosis of CNVMs.

No recurrence of CNVMs was found in any eye. Postoperatively, phakic eye (17%) showed a progressive nuclear sclerotic cataract. One eye (17%) developed retinal detachment, after which visual acuity decreased to LS (+). Two of eyes had received prior laser treatment before surgery. After surgery, the visual acuity of eye was stable, and the other was improved. There was no evidence that the visual acuity was related to the previous laser treatment. The baseline characteristics and treatment outcomes for all eyes are listed in Table 1.

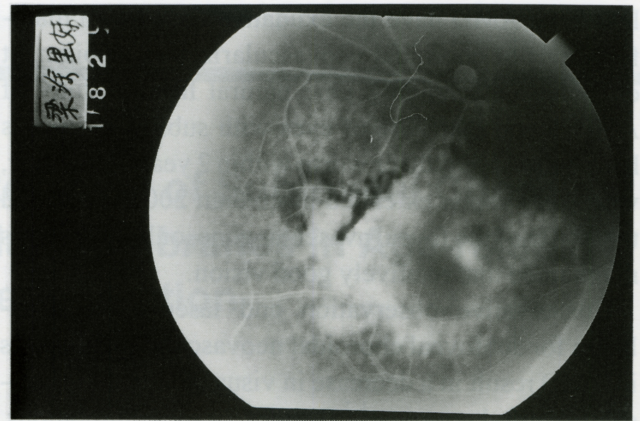


Fig. 4. Preoperative fluorescein angiogram of case two. A fairly demarcated area of occult CNVMs and subretinal exudate block are demonstrated.

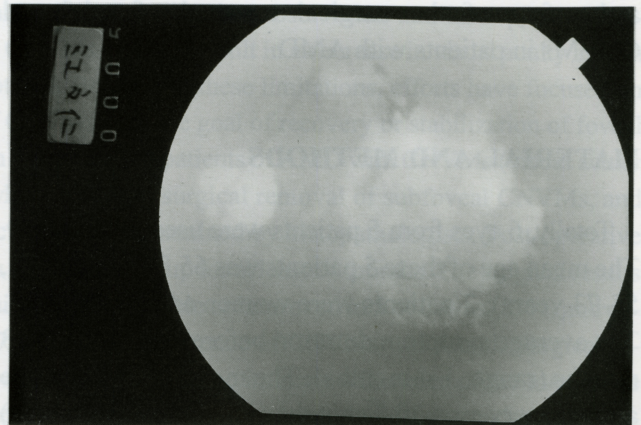


Fig. 5. Postoperative fundigram appearance of case one. Retinal pigment epithelial atrophy and submacular scar can be noted.

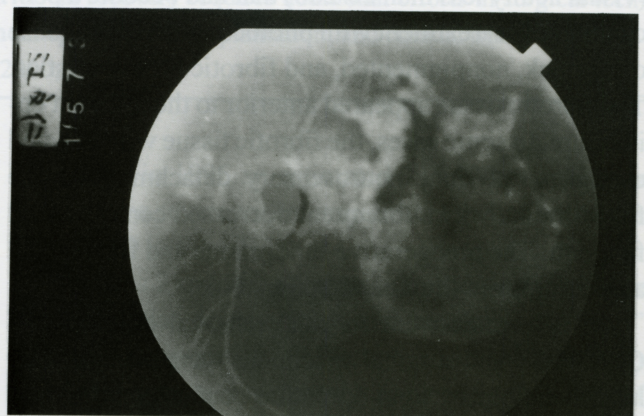


Fig. 6. Postoperative fluorescein angiogram of case one. Submacular scar staining but no CNVMs were found.