LONG-TERM OUTCOME OF VITREOUS SURGERY FOR PROLIFERATIVE DIABETIC RETINOPATHY

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Background. Proliferative diabetic retinopathy (PDR) is one of the most prevalent causes of blindness in developed countries. This retrospective study evaluated the long-term visual outcomes and complications of vitrectomy resulting from various PDR complications .

Methods. A review of 436 eyes (367 patients) treated with pars plana vitrectomy for complications of PDR was conducted for the period of 1992 to 1997 at the Veterans General Hospital-Taipei.

Results. Indications for surgery were: (1) vitreous hemorrhage, 263 eyes (60.3%); (2) vitreous hemorrhage and tractional retinal detachment, 86 eyes (19.7%); (3) tractional retinal detachment, 80 eyes (18.3%); (4) combined tractional and rhegmatogenous retinal detachment, 2 eyes (0.5%); (5) progresssive fibrovascular proliferation, 5 eyes (1.1%). Best postoperative visual acuity was improved for 274 eyes (63%), unchanged for 27 eyes (6%), and worse for 135 eyes (31%). Postoperative results yielded 203 eyes (46.6%) that had final vision of 3/60 or better, and 102 eyes (23.4%) that had 6/30 or better. The most common intraoperative complication was iatrogenic retinal tear (11.1%) while the most common postoperative complication was recurrent vitreous hemorrhage (23.4%).

Conclusions. More than half of the cases with complications of proliferative diabetic retinopathy could be effectively treated with vitreous surgery.

Keywords: proliferative diabetic retinopathy, vitreous surgery.

INTRODUCTION

Proliferative diabetic retinopathy (PDR) is one of the leading causes of blindness in developed countries. Vitreous surgery is commonly used to treat various severe complications of PDR.[1,2] Accurate prediction of the long-term visual results of vitreous surgery for these complications is important in determining appropriate surgical strategies. Common PDR complications

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