

## VITRECTOMY WITH INTERNAL LIMITING MEMBRANE PEELING FOR HIGHLY MYOPIC FOVEOSCHISIS

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**Purpose:** To report the case of a high myopic patient with foveoschisis and relatively good vision managed by internal limiting membrane (ILM) peeling and perfluorocarbon tamponade.

**Methods:** A case report

**Results:** A 45-year-old woman was a victim of extensive myopic foveoschisis in her right eye. Her best-corrected visual acuity (BCVA) was 20/50. Pars plana vitrectomy (PPV) with ILM peeling followed by perfluoropropane tamponade had been performed, and intra-retinal space decreased significantly 2 days after operation. Two months later, the BCVA improved to 20/30, and the intra-retinal space was almost closed with a small amount of subretinal fluid accumulation. At eight months, the retina was completely reattached.

**Conclusions:** The preoperative vision of patients with foveoschisis may be relatively good. PPV with ILM peeling resulted in favorable visual and anatomical outcomes with treatment of foveoschisis in highly myopic eyes.

**Key words:** high myopia, myopic foveoschisis, intra-retinal space, internal limiting membrane peeling

### INTRODUCTION

Myopia is highly prevalent in East Asia, and high myopia affects 24% of girls and 18% of boys at the age of 18 years in Taiwan.<sup>1</sup> Myopic foveoschisis (MF) is not

uncommon in highly myopic eyes with reported rates ranging from 9% up to 34% for which MF is one of the major causes of vision impairment.<sup>2-4</sup> Optical coherence tomography (OCT) is valuable in detecting foveoschisis.

The accurate timing, indications, and procedures of surgical treatment are still controversial. Pars plana

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