Correspondence

Combined retinal detachment in proliferative diabetic retinopathy (Combined rhegmatogenous and traction retinal detachment in proliferative diabetic retinopathy: clinical manifestations and surgical outcome. Vol. 43[2])

Dear Editor,

We read with interest the article of Yang et al.1 regarding the management of combined rhegmatogenous and traction retinal detachment in proliferative diabetic retinopathy. These authors reported that combined retinal detachment in proliferative diabetic retinopathy can occur either in the early fibrovascular stage or in the late fibrous stage, and preoperative visual acuity remained the single factor affecting the postoperative visual outcome on multiple logistic regression.

Previous studies have shown that the severity of vitreo-retinal adhesion and the occurrence of iatrogenic breaks2 also play a role in the visual prognosis. We feel that besides the 6 factors that were analysed in the multiple logistic regression model, the above 2 factors could also be taken into account. The status of previous panretinal photocoagulation (PRP) and the severity of cataract are confounding variables that will affect the visual prognosis. These have to be adjusted for in the multiple logistic regression model. The status of posterior vitreous detachment and of vitreoschisis (second membrane) also influences the ease of surgery and probably the surgical outcome.

Yang et al. reported that postoperative visual acuity was better in the group with active fibrovascular tissue as compared with inactive fibrous tissue according to univariate analysis. With the advent of intravitreal anti-VEGF (vascular endothelial growth factor) drugs and their preoperative use to reduce the vascularity of the fibrovascular tissue, surgical outcome may differ from the reported outcome. Rizzo et al.3 have recently reported greater improvement in visual acuity in the group that received preoperative intravitreal bevacizumab than the group that did not receive injection after vitrectomy for severe proliferative diabetic retinopathy. Another frequent postoperative complication, with an incidence of 75%, is recurrent vitreous hemorrhage after diabetic vitrectomy.4 This complication is known to occur in cases with active fibrovascular tissue, anterior hyaloid proliferation, and entry-site neovascularization.5 Therefore, we feel that all these potential vision-threatening factors should also be considered while assessing the surgical outcome of diabetic vitrectomy.

References


Rajiv Raman, Padmaja Kumari Rani
Department of Vitreoretinal Services, Sankara Nethralaya, Chennai, India

Correspondence to Rajiv Raman, DNB: rajivpgraman@gmail.com

Can J Ophthalmol 2008;43:483
doi:10.3129/08-067