

Case Report
First Author: Eiko SANO (Japan)
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Purpose: To report a case of progressive myopic maculopathy seven years after pars plana vitrectomy for myopic foveoschisis.
Methods: A 67 year-old female complained of metamorphopsia and decreased vision. Visual acuity was (0.2) in the right eye and (0.08) in left. Refraction was -17.0D in the right eye and immeasurable in left due to cataract. Axial length was 28.32 mm in the right eye and 28.84 mm in left. Optical coherent tomography (OCT) showed foveal schisis and foveal detachment in both eyes. Both eyes received phacoemulsification with implantation of intraocular lens followed by pars plana vitrectomy with internal limiting membrane peeling.
Results: OCT showed complete resolution of foveoschisis 3 months after surgery in right and 2 months in left. Visual acuity improved to (0.5) in the right eye and (0.6) in left. The posterior fundi showed diffuse choroidal atrophy. Five years later, patchy chorioretinal atrophy developed in the left eye. Seven years later, the atrophy enlarged and axial length of the left eye was 29.68 mm. OCT showed complete retinal defect which resembles to macular hole but visual acuity was (0.5). No atrophy was observed in the right eye but axial length was extended to 29.65 mm.
Conclusions: Even successfully treated foveoschisis develops the progression of chorioretinal atrophy and deterioration of visual acuity. This suggests preventive therapy is expected to be important for myopic maculopathy.

Poster No.: P-159

Spontaneous Resolution of Macular Retinoschisis in a Highly Myopic Eye - Case Report

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Purpose: To report a pathologic myope of macular retinoschisis with spontaneous resolution. **Methods:** Observational case report.
Results: A 33-year-old woman with pathologic myopia presented with decreased vision of 20/400 in her right eye. Biomicroscopy showed myopic chorioretinal degeneration and posterior staphyloma. Initial optical coherence tomography revealed a retinal detachment, retinoschisis and incomplete posterior vitreous detachment. Twenty-six months after the initial visit, the patient's best-corrected visual acuity improved to 20/200, and optical coherence tomography presented macular reattachment and restoration of normal retinal tomographic appearance. **Conclusions:** Spontaneous resolution of macular retinoschisis in highly myopic eyes may occur and can be attributed to spontaneous posterior vitreous detachment. Studies with more cases and a longer follow-up period are warranted.

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A Case of Macular Retinoschisis Which Had Expanded to Nasal Retina Over the Optic Disc

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Purpose: We report a case of macular retinoschisis which had expanded to nasal retina over the optic disc. **Methods:** A 66-year-old woman noticed metamorphopsia in her right eye in June 2007. She visited Kansai Medical University on 24 October 2007. Her best-corrected visual acuity (BCVA) was 0.6 OD, 1.0 OS and manifest refraction was -5.00 diopters OD and -5.50 diopters OS. There was macular retinoschisis which had expanded to nasal retina over the optic disc without optic disc pit or obvious vitreous traction. On 22 November 2007, we performed pars plana vitrectomy with internal limiting membrane peeling, cataract extraction and IOL implant. Intraoperatively, although glial ring was present, there was remaining membrane of vitreous cortex covered most parts of the retina.