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Role of Pars Plana Vitrectomy in Eales Disease

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Purpose of study: To evaluate visual outcome after pars plana vltrectomy in patients of Eales disease with vitreous hemorrhage. Materials and Methods: This study was carried out at Eye Unit 1, Services Hospital, Lahore from Sept. 2000 to May 2002. Twenty three eyes of 20 patients were included in this study. All patients presented with sudden loss of vision, 20% also had presenting complaint of floaters. Patients were investigated to exclude other causes of vitreous hemorrhage and peripheral retinal neovascularization. All patients underwent e-scan ultrasound of the effected eye. Results: Mean age at presentation was 29.5 years with a range of 13 years to 47 years, 95% were male and 5% female. 70% also had involvement of the fellow eye at the time of presentation. Preoperatively visual acuity was perception of light with accurate projection in all four quadrants in 6 eyes (26.1%), hand movements in 10 eyes (43.5%), counting fingers in 6 eyes (26.1%) and 6/60 in one eye (4.3%). 8-scan showed complete PVD in 13 eyes (56.5%), and 5 eyes (21.7%) revealed traction retinal detachment (TRD) involving or threatening macula. Postoperatively, visual acuity improved in 20 eyes (87%), remained unchanged in 2 eyes (8.7%) and deteriorated in one eye (4.3%). Vision improved to 6/9 or better in 43% of the eyes, 6/60 or better in 64.7% of the eyes. 35.3% eyes had postoperative visual acuity of less than 6160. Visual Acuity of 6/18 or better was achieved in 84.6% of eyes with posterior vitreous detachment and 90% of eyes with vitreous haemorrhage of less than 4 months duration. Common postoperative complications were recurrent vitreous haemorrhage in 2 eyes (8.7%), rhegmatogenous retinal detachment in 2 eyes (8.7%), silicone oil emulsification in 3 eyes (13%) and cataract formation in 4 eyes (17.4%) Conclusion: Pars plana vltrectomy improved the visual acuity in patients with Eales disease with vitreous hemorrhage. Better visual results were obtained in patients who presented earlier and who had complete PVD with no traction retinal detachment.