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Vitreous Hemorrhage; Wait and See?

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Purpose. The management of vitreous haemorrhage still remains controversial. I conducted a retrospective study to enquire into the natural history of vitreous hemorrhage, so that rules of management of vitreous hemorrhage could be better defined **Methods.** Eighty six eyes of 85 patients with spontaneous vitreous hemorrhage, 38 males and 47 females, with an age range of 13 to 86 years (mean 63.53 years) were included in the study. **Results** The commonest etiology was posterior vitreous detachment (PVD 30.23%), followed by proliferative diabetic retinopathy (PDR 27.9%) and branch retinal vein occlusion (BRVO 11.6%). 66.2% had a final visual acuity of 6/12 or better. The average time for spontaneous clearance of hemorrhage due to PVD was 87 days, for that due to PDR was 322 days, and that due to BRVO was 185 days. In a substantial number of patients with PDR (33%) there was a rebleed. In 33% of patients with PDR and 70% with BRVO the hemorrhage did not clear by 6 months. **Conclusions** vitreous hemorrhage due to PVD in which retinal detachment has been excluded by ultrasound, resolves spontaneously and does not require surgical intervention, while those due to proliferative diabetic retinopathy may be considered for early surgical intervention.