CASE NOTES

TRANSCLERAL DIVISION OF MID-VITREOUS MEMBRANE UNDER VISUAL CONTROL*

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This report is made because of the case with which a good visual result was obtained in a blind eye as the result of the division of a mid-vitreous membrane under visual control.

Case Report

A female patient, aged 50 years, was observed for the first time in 1952 when she complained of a sudden loss of vision in the right eye. The vitreous of this eye was filled with blood and the vision reduced to the perception of light in all directions. There was no fundal red reflex. The left eye showed hypertensive arteriosclerotic changes and a raised scarred lesion of the macula as the result of which the visual acuity was reduced to 6/60. General examination revealed moderate hypertension and arterio-sclerosis. The blood picture was within normal limits. The patient was assumed to have had a central venous thrombosis in the right eye with resultant bleeding into the vitreous.

In 1955 re-examination showed a mature cataract in the right eye with maintenance of good light projection. The left eye had remained unchanged. As the result of an intracapsular cataract extraction the vision of the right eye could be improved only to perception of hand movements because of the persistence of the vitreous opacity. On the temporal side a fundal reflex could now be obtained.

In 1956, four vitreous aspirations were done at monthly intervals, about 1 ml vitreous being removed each time without replacement. As a result the vision with +10 D sph. improved to 2/20, although fundal details were still not visible.

In 1958, the vitreous opacity was found to be reduced to a fenestrated curtain-like membrane loosely pendent from the upper equatorial region. The membrane obscured all the fundus except a minute portion that could be seen through the larger fenestrations. The vision remained 2/20 with correction.

In 1959 a division of the mid-vitreous membrane was performed under slit-lamp observation (Figure, opposite). It was necessary to have the patient in the sitting position, because when she lay flat the slack membrane lay against or close to the retina. The needle was entered from the temporal side at the ora serrata, the globe being fixed by forceps nasally. The focusing screw of the slit lamp was adjusted by an alert assistant according to the surgeon’s directions. There was an excellent view both of the needle and of the membrane, so that the latter could be divided in the selected part. Recovery was uneventful.

Result.—There is an uninterrupted view of all the fundus. The vessels, especially the arteries, show marked narrowing and extensive sheathing. The disc is of fairly good colour. The visual acuity with +10 D sph. is 6/15. The left eye is unchanged with a visual acuity of 6/60.

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634
Summary

A report is given of a patient in whom the return of vision to an eye blinded for 7 years by a vitreous opacity was dependent on the extraction of a cataractous lens and repeated vitreous removals followed by the transcleral division of a mid-vitreous membrane under visual control.