

# Case Study 84

## Posterior Vitreous Detachment

CG is a 52-year-old man who had undergone cataract surgery in both eyes 2 years prior to presentation. Prior to intraocular lens implantation, he was highly myopic with a refraction OD of  $-10.00$  and OS of  $-9.50$ . He now complained of decreased vision in his right eye and visual acuity was measured at 20/70 in that eye and the left eye at 20/25. Slit-lamp examination showed moderate opacification of the posterior lens capsule in the right eye and slight opacification in the left eye. He was advised to undergo YAG laser capsulotomy on his right eye, but he seemed concerned about potential complications and asked a number of questions concerning the possibility of retinal detachment. His father had gone blind in one eye from a retinal detachment after cataract surgery.

The presence of a posterior vitreous detachment could not be verified on clinical examination because of the opacified posterior capsule. Echography was performed and demonstrated a total PVD (Fig. 1) with no evidence of vitreoretinal traction. He felt reassured that the possibility of a rhegmatogenous retinal detachment was minimal and proceeded with the laser procedure with resultant vision of 20/20 in that eye.

The existence of a PVD is also protective in patients with proliferative diabetic retinopathy. The neovascular scaffold that grows from the retina onto the posterior hyaloid face can undergo traction as the vitreous separates in a PVD and result in vitreous hemorrhage.

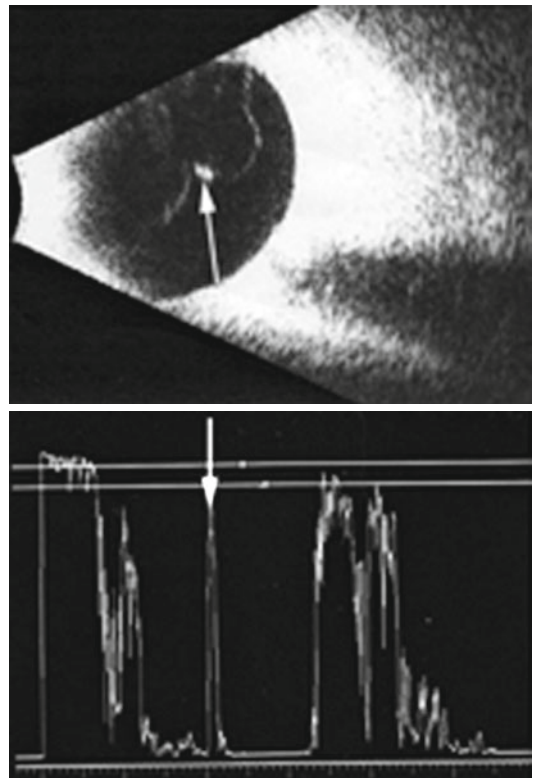


FIG. 1 *Top*: B-scan of posterior vitreous detachment with Weiss ring (arrow). *Bottom*: A-scan of PVD (arrow)

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This chapter contains video segments that can be found by accessing the following link: <http://www.springerimages.com/videos/978-1-4614-7081-6>.