

Giant Internal Limiting Membrane Tears: Incidence, Clinical Features, and Surgical Utility

Robert A. Hyde, MD, PhD

Asad Durrani, MD

Mark W. Johnson, MD

Kellogg Eye Center, University of Michigan

Disclosures

I have no relevant financial disclosures.

Summary

A dehiscence of the ILM (“giant ILM tear”) associated with epiretinal membrane is not uncommonly encountered and seldom reported.

Giant ILM tears are often associated with other features suggesting an underlying pathway of progressive ERM contractility.

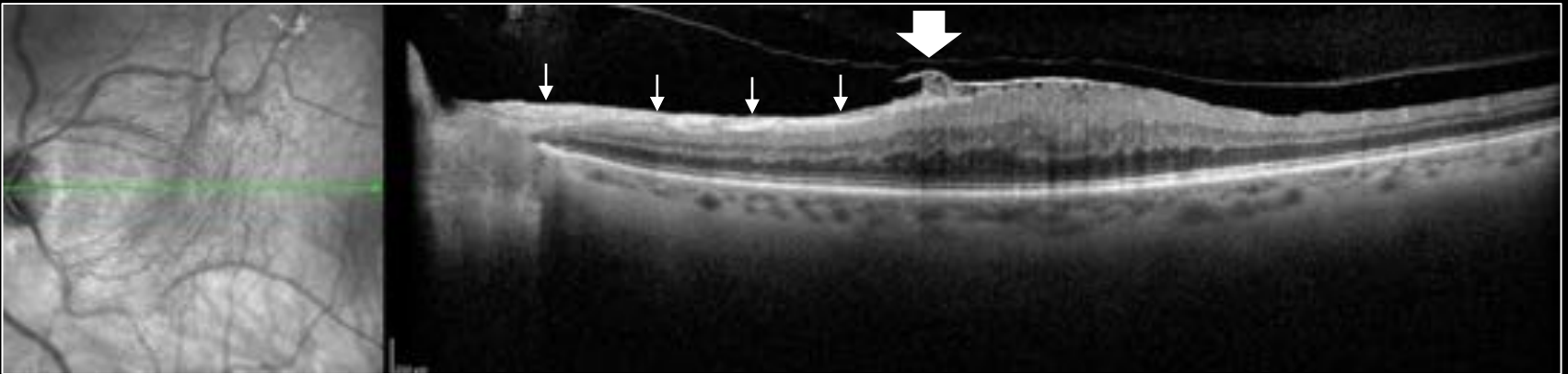
Giant ILM tears may facilitate surgical removal of the ILM during ERM peeling.

Definition

Giant ILM tear:

A prominent scrolled edge of ILM between an ERM and a zone of ILM dehiscence.

*Giant ILM tear:
A prominent scrolled edge of ILM between
an ERM and a zone of ILM dehiscence.*



Methods

Retrospective chart review of patients with an epiretinal membrane (ERM) that underwent surgery by a single vitreoretinal surgeon at the University of Michigan.

Demographic information, imaging and clinical data were collected from the medical record.

The study was approved by the IRB of the University of Michigan.

Characteristics: surgical ERMs

	Giant ILM tear present	Giant ILM tear absent	<i>P</i> value†
Number of eyes	23 31.9%	48	--
Age	65.7 ± 9.0 years	67.5 ± 9.0 years	0.441*
% Female	52.2 %	52.1 %	0.992
Preoperative visual acuity (LogMAR)	0.471 ± 0.280	0.480 ± 0.218	0.887*
Preoperative central subfield thickness	538 ± 164 µm	516 ± 96 µm	0.359*
Pseudophakia	34.8 %	45.8 %	0.378
High myopia	29.2 %	8.3 %	0.044
Posterior vitreous detachment	95.0 %	82.3 %	0.889
Metamorphopsia	65.0 %	62.5 %	0.826
Macro/micropsia	8.3 %	8.3 %	1.000
Diplopia	21.7 %	18.8 %	0.764
Blurred vision	100.0 %	100.0 %	1.000

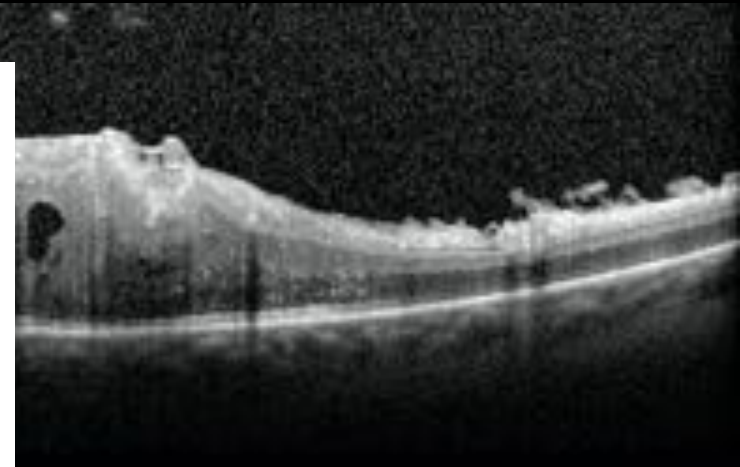
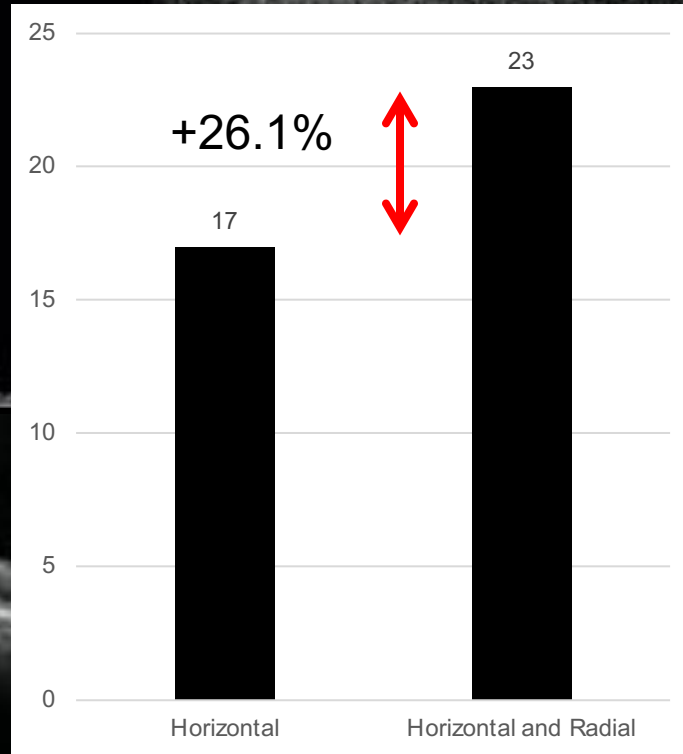
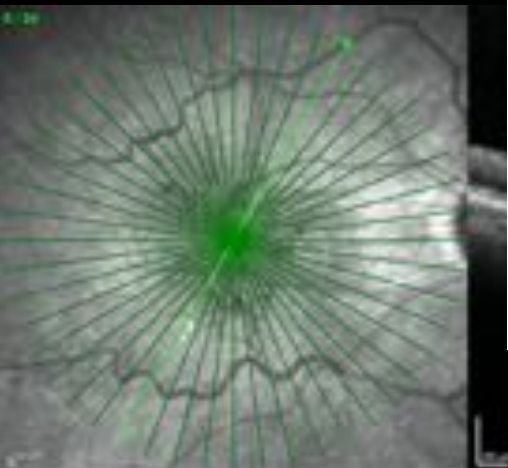
† z score (two-sided)
 * *t*-test (two-sided)

Characteristics: non-surgical ERMs

	Giant ILM tear present	Giant ILM tear absent	<i>P</i> value†
Number of eyes	8 8.0%	92	--
Age	72.8 ± 13.8 years	67.6 ± 11.1 years	0.217*
% Female	37.5 %	45.7 %	0.660
Visual acuity (LogMAR)	0.375 ± 0.175	0.278 ± 0.209	0.240*
Central subfield thickness	517 ± 78 µm	401 ± 119 µm	0.008*
Pseudophakia	25.0 %	51.1 %	0.156
High myopia	12.5 %	14.1 %	0.897
Posterior vitreous detachment	75.0 %	66.3 %	0.617
Metamorphopsia	50.0 %	25.0%	0.126
Macro/micropsia	0.0 %	7.6 %	0.418
Diplopia	12.5 %	4.3 %	0.313
Blurred vision	87.5%	76.1 %	0.459

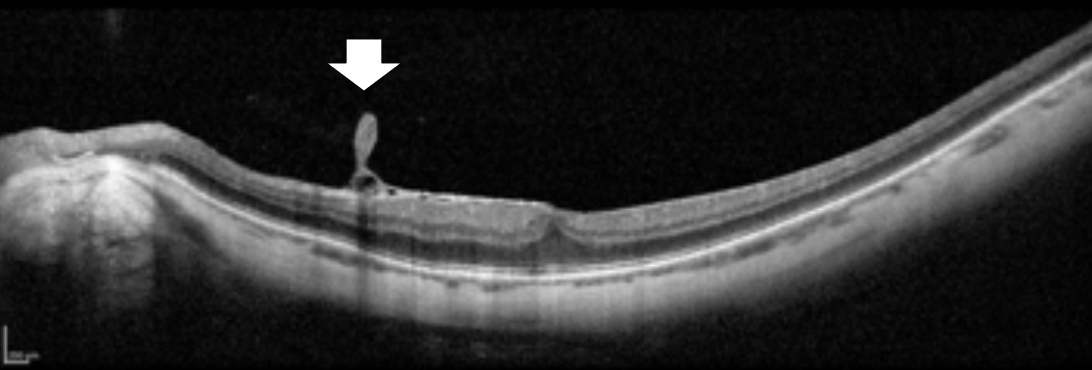
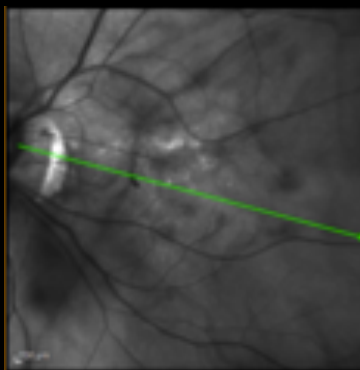
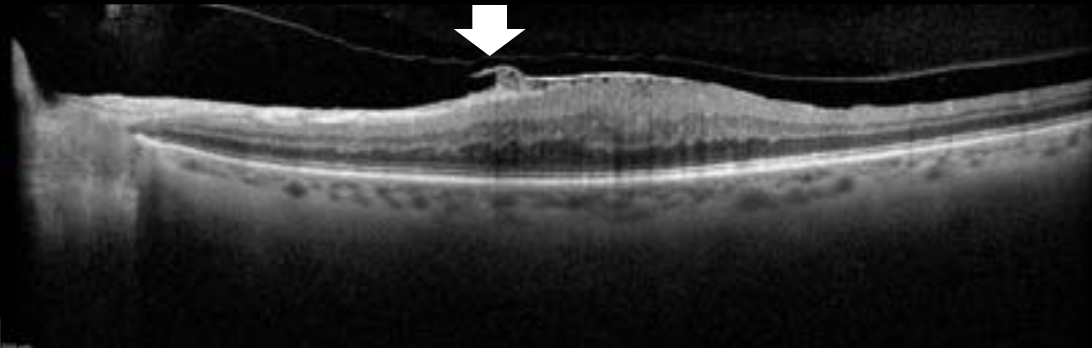
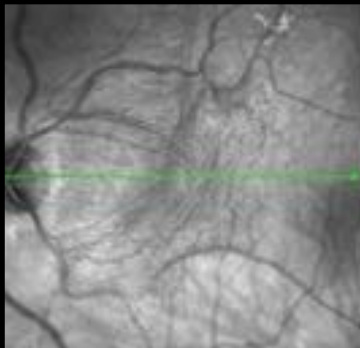
† z score (two-sided)
 * *t*-test (two-sided)

Utility of pre-operative radial OCTs

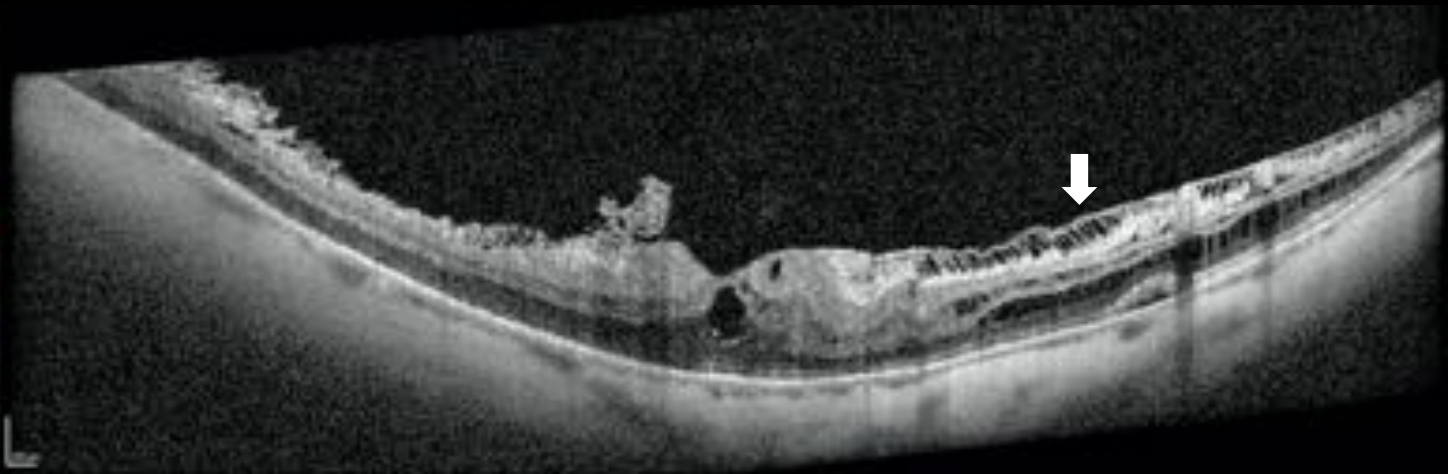
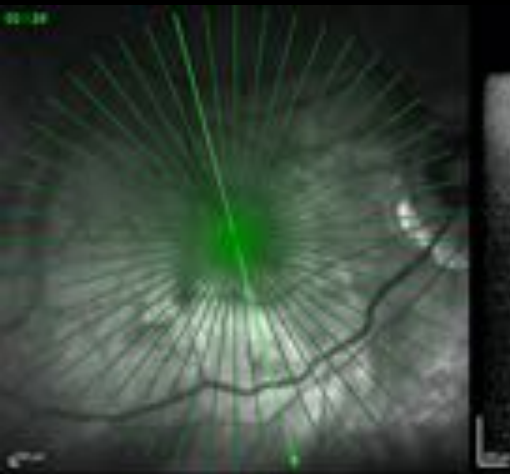
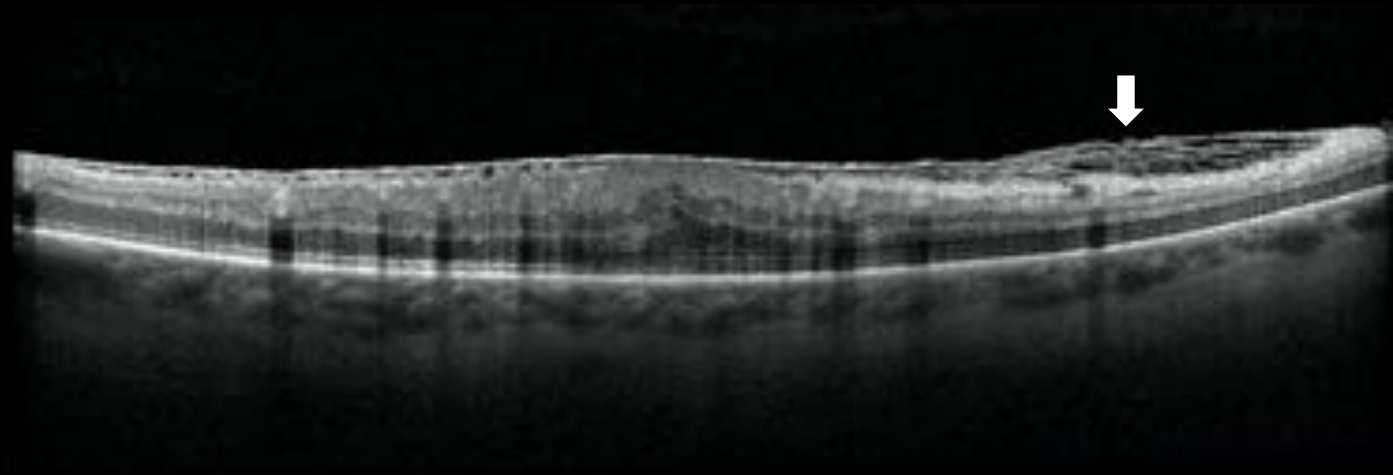
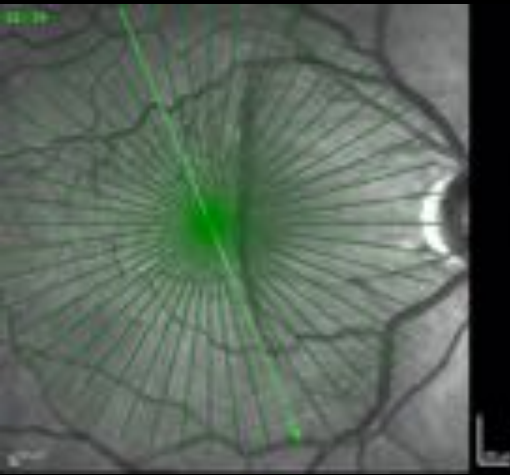


KELLOGG EYE CENTER
MICHIGAN MEDICINE

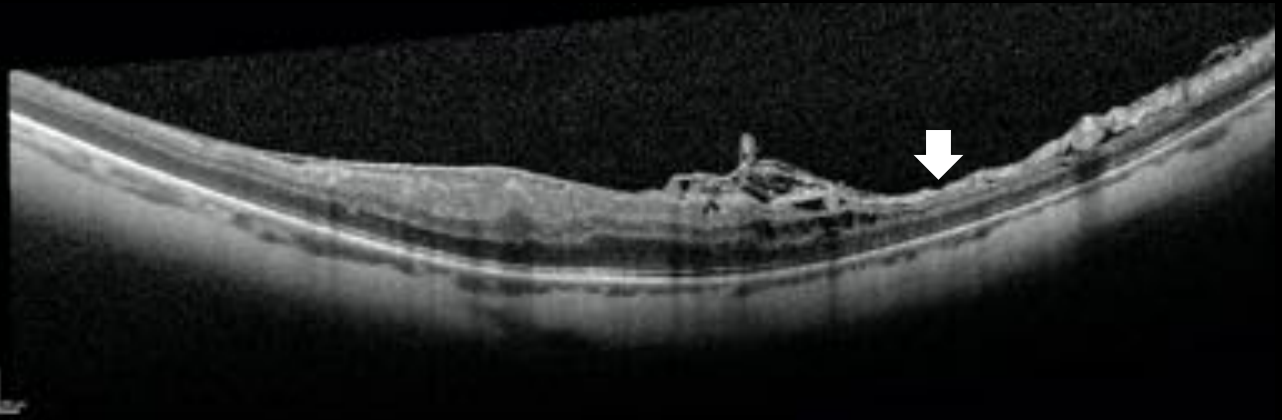
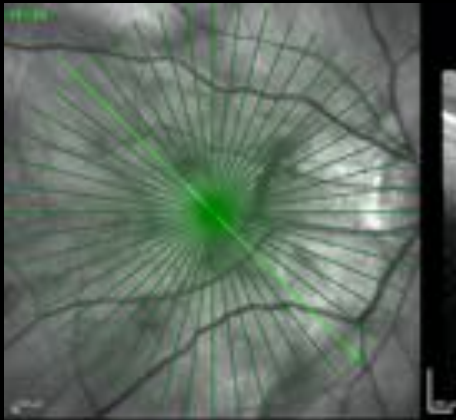
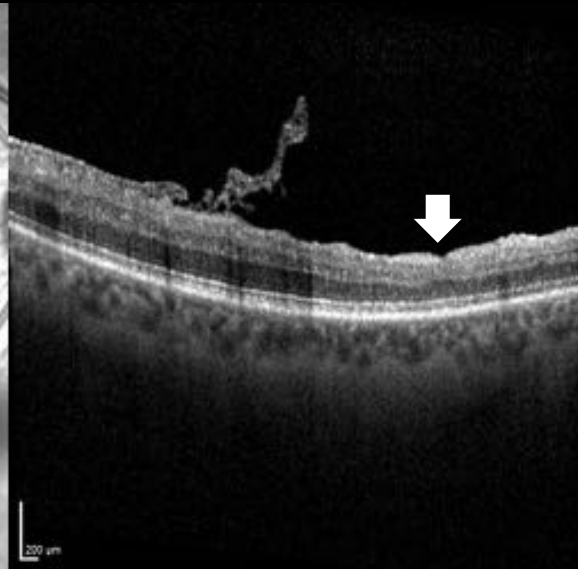
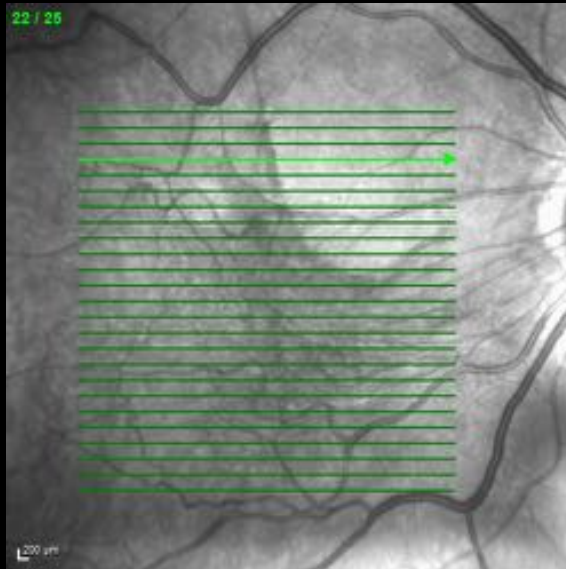
Features associated with giant ILM tears



Retinal nerve fiber layer schisis



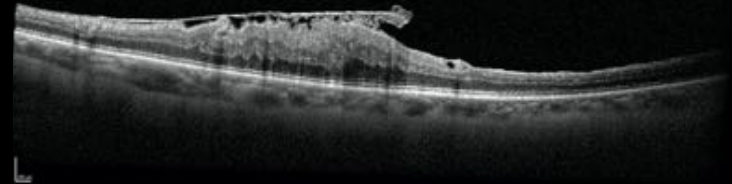
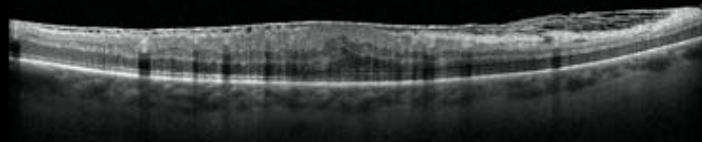
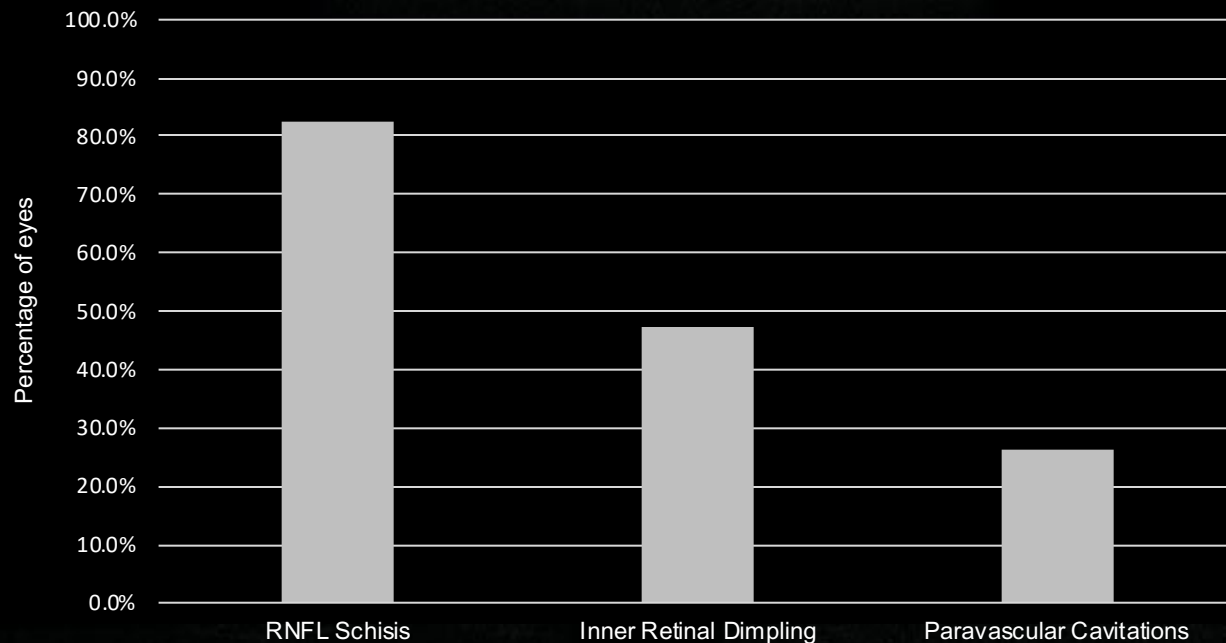
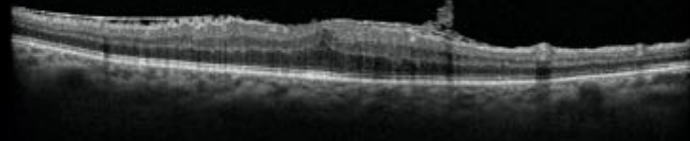
Inner retinal dimpling



Paravascular cavitations

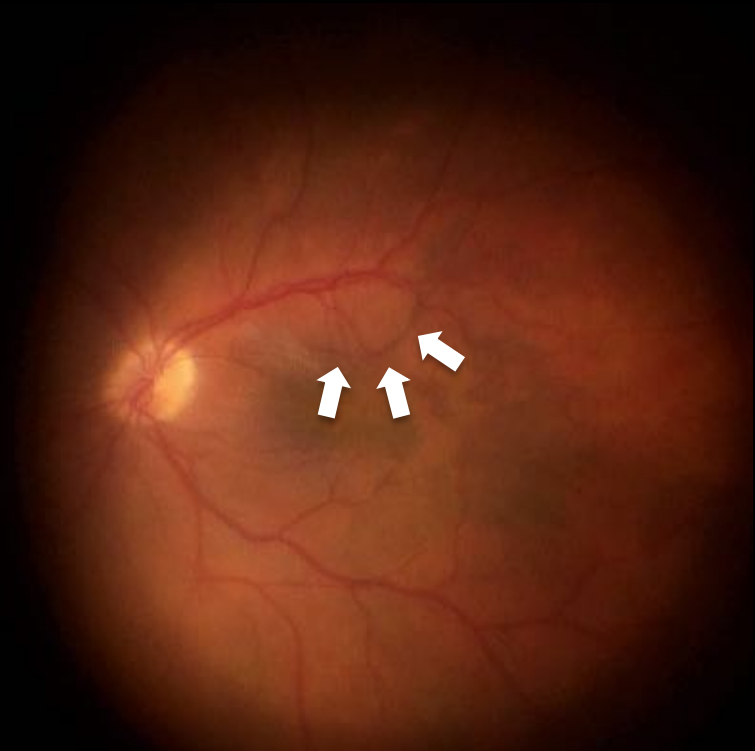
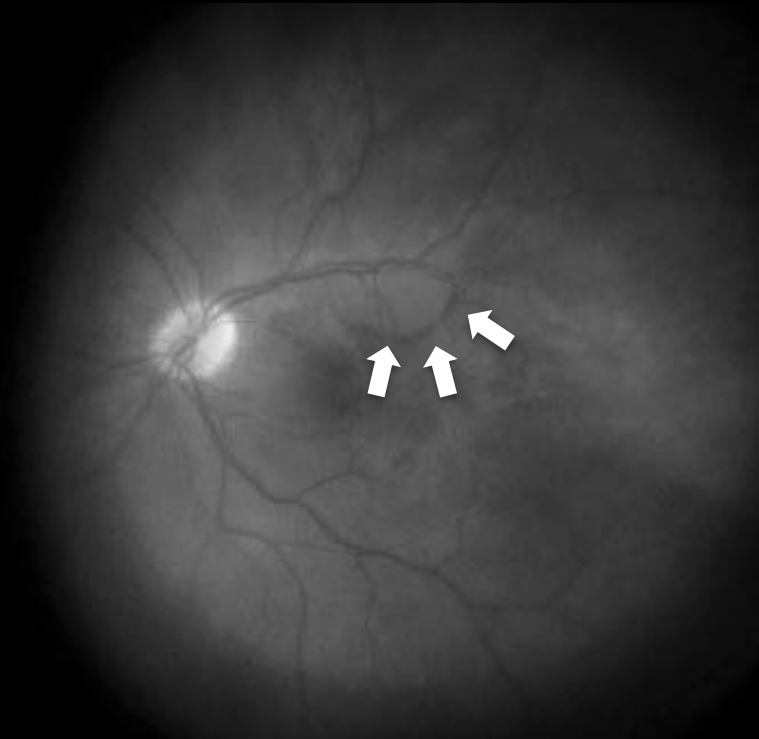


Features associated with giant ILM tears

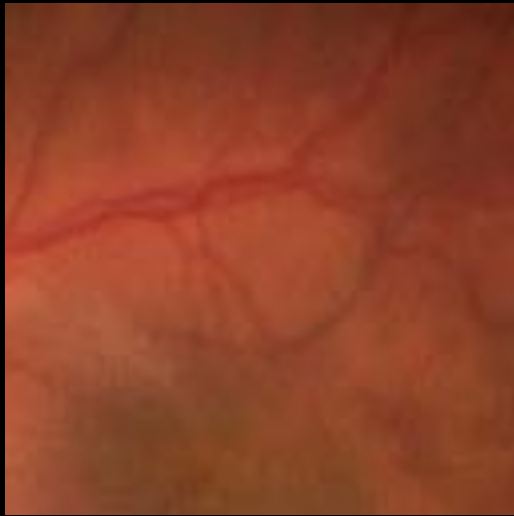


Giant ILM tears: surgical utility

Brilliant Blue G highlights giant ILM tears intraoperatively



Giant ILM tears: surgical utility



Conclusions

Giant ILM tears may be encountered frequently in patient with symptomatic ERMs undergoing surgical management.

Radial OCT scans and the recognition of associated imaging features may assist in the surgical removal of an ERM.

References

- Bovey, EH, and Uffer, S. Tearing and folding of the retinal internal limiting membrane associated with macular epiretinal membrane. *Retina*. 2008. 28(3), 433–440. <http://doi.org/10.1097/IAE.0b013e318150d6cf>
- Hussnain, SA, Sharma, T, Hood, DC, and Chang, S. Schisis of the Retinal Nerve Fiber Layer in Epiretinal Membranes. *Am J Ophthalmology*. 2019. 207, 304–312. doi.org/10.1016/j.ajo.2019.06.003
- Amouyal F, Shah SU, Pan CK, Schwartz SD, Hubschman, J-P. Morphologic features and evolution of inner retinal dimples on optical coherence tomography after internal limiting membrane peeling. *Retina*. 2014 Oct;34(10):2096-102. doi: 10.1097/IAE.000000000000193.
- Wubben TJ, Johnson, MW. Inner Retinal Dimpling After Endophthalmitis and Vitrectomy Without Internal Limiting Membrane Peeling. *JAMA Ophthalmol*. 2019 Dec 26. doi: 10.1001/jamaophthalmol.2019.5061.
- Pichi F, Lembo A, Morara M, Veronese C, Alkabes M, Nucci P, Ciardella AP. Early and late inner retinal changes after inner limiting membrane peeling. *Int Ophthalmol*. 2014 Apr;34(2):437-46. doi: 10.1007/s10792-013-9831-6.
- Shimada N, Ohno-Matsui K, Nishimuta A, Moriyama M, Yoshida T, Tokoro T, Mochizuki M. Detection of paravascular lamellar holes and other paravascular abnormalities by optical coherence tomography in eyes with high myopia. *Ophthalmology*. 2008 Apr;115(4):708-17. doi: 10.1016/j.ophtha.2007.04.060.

Acknowledgements

Asad Durrani, MD

Mark W. Johnson, MD