Epiretinal Membrane Formation Following Rhegmatogenous Retinal Detachment Repair: Optical Coherence Tomography Features and Surgical Outcomes

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Conclusions

- repair is commonly severe (Stage 4 OCT characteristics), and leads to significant worsening of logMAR visual acuity.
- macula off RRD.
- warranted.

Anatomic alteration due to epiretinal membrane (ERM) formation after RRD

• ERM removal with vitrectomy and membrane peeling resulted in a significant improvement in visual acuity in eyes with history of either macula on or

• Ectopic inner foveal layer (EIFL) thickness, IS/OS disruption, and microcytic changes were associated with visual acuity at 6 months post ERM peel using regression analysis. Confirmation of these associations in larger series is

Epiretinal membrane after RRD Repair

- Epiretinal membrane (ERM) formation after primary rhegmatogenous retinal detachment (RRD) repair is common, with estimates ranging from 4-13%.^[1-4]
 - Several authors have described the utility of internal limiting membrane (ILM) peel during primary RRD repair to prevent later ERM formation.^[5-9]
 - Preservation of IS/OS band on SD-OCT has been correlated to visual acuity improvement after membrane peel surgery.^[10]
 - Macular status at time of RRD repair may determine visual potential.



OCT Grading of ERM

2017.[11,12]

Insights Into Epiretinal Membranes: Presence of Ectopic Inner Foveal Layers and a New Optical **Coherence Tomography Staging Scheme**

ANDREA GOVETTO, ROBERT A. LALANE, III, DAVID SARRAF, MARTA S. FIGUEROA, AND JEAN PIERRE HUBSCHMAN

Utility of this grading system in guiding expectations for idiopathic epiretinal membrane,^[13] but has not been studied in ERM following RRD repair.

Govetto et al. described a new, SD-OCT based grading scheme for ERM in





 Stage I: Mild ERM with preservation of foveal depression.

• Stage 2: Foveal depression is lost, but all retinal layers are easily identified.

 Stage 3: Presence of ectopic inner foveal layers (EIFL, white arrows) across the foveal floor. Foveal depression is lost, but all retinal layers remain identifiable.

• Stage 4: Severe alteration in anatomy with foveal disorganization. EIFL (white arrows) is present. Retinal layers are not identifiable.

> Image source: Govetto A, Lalane RA, Sarraf D, Figueroa MS, Hubschman JP. Insights Into Epiretinal Membranes: Presence of Ectopic Inner Foveal Layers and a New Optical Coherence Tomography Staging Scheme. Am J Ophthalmol. 2017;175:99-113.





- Microcystic macular changes may be present in any stage
 - Round, small, hypo-reflective spaces, typically in the inner nuclear layer
 - Previously associated with concurrent glaucoma

Image source: Govetto A, Su D, Farajzadeh M, et al. Microcystoid Macular Changes in Association With Idiopathic Epiretinal Membranes in Eyes With and Without Glaucoma: Clinical Insights. *Am J Ophthalmol*. 2017;181:156-165.

- patient population.

 - confirmed with review of surgical operative reports.
 - cystoid macular edema.

Purpose

 To describe OCT features of ERM following prior RRD repair, and to report surgical outcomes of pars plana vitrectomy (PPV) and membrane peeling surgery in this

• Retrospective, single-center, consecutive case series of 57 eyes of 57 patients

• Eyes were identified from surgical CPT coding data in years 2015-2018 and

• Exclusion criteria: proliferative vitreoretinopathy or use of silicone oil at time of initial RRD repair; follow-up of less than 6 months; history of ERM prior to RRD repair; or history of wet AMD, vein occlusion, diabetic retinopathy, or

Baseline characteristics

	Number	Percentage
Male	37	64.9%
Female	20	35.1%
Age	62 ± 8 years	
Right eye	40	70.2%
Left eye	17	29.8%
Follow-up:		
Time interval between RRD repair	269 ± 1	199 days
and ERM peel	Range: 56-1162 days	
Time interval from ERM peel to	22 ± 12 months	
final follow-up	Range: 6-53 months	
Macular status at RRD repair:		
Macula on	14	24.6%
Macula off	43	75.4%
Method of RRD repair:		
PPV	30	52.6%
PPV/SBP	27	47.4%
Lens status at ERM peel:		
PCIOL	53	93.0%
ACIOL	1	1.7%
Phakic	3	5.3%
Characteristics of RRD:		
3 or more retinal breaks	17	32.1%
Vitreous hemorrhage	15	26.3%
Chronic (>2 weeks duration)	11	19.3%
RD involving >2 quadrants	6	1.2%
Prior cryotherapy	2	3.5%
Giant retinal tear	0	0
Choroidal detachment	0	0
History of uveitis	0	0

	Number	Percentage	
ERM Stage:	•	·	
Stage 1	3	5.3%	
Stage 2	10	17.5%	
Stage 3	8	14.0%	
Stage 4	36	63.2%	
Microcystic changes:			
Present	39	68.4%	
Absent	18	31.6%	
IS/OS disruption:			
Present	34	59.6%	
Absent	23	40.4%	
EIFL thickness, mean	376.2 ± 145	376.2 ± 145.1 microns	
CF thickness, mean	559.3 ± 168	559.3 ± 168.4 microns	



Visual acuity outcomes

Timepoint	Pre-op PPD ropoir	3 months post	Visit prior to	6 months post	Final follow up
	KKD Tepan	KKD Tepan			10110w-up
LogMar acuity, mean	1.32±0.93	0.84±0.50	0.99±0.51	0.46±0.41	0.42±0.40
Snellen acuity, mean	20/418	20/138	20/195	20/58	20/53
P value:					
Post RD repair		0.0005			
Post RD repair to					
Pre-op ERM			0.0009		
Post ERM, 6 months				< 0.0001	
Post ERM, final					< 0.0001
Pre-op RD to Final					< 0.0001
Percentage of eves	24.6%	10.5%	7%	38.6%	49.1%
20/40 or better					
P value:					
Post RD repair to					
Pre-op ERM			0.02		
Post ERM, 6 months				0.0001	
Post ERM, final					0.0001
Pre-op RD to Final					0.011

Visual acuity outcomes

Timepoint	Post RD repair	Pre-op ERM peel	Post ERM peel, final
Macula on, visual acuity	0.82±0.52	0.96 ± 0.40	0.29±0.14
P value		0.24	< 0.0001
Macula off, visual acuity	0.85 ± 0.50	1.00 ± 0.54	0.46 ± 0.45
P value		0.02	< 0.0001
Macula on versus off,			
visual acuity			
P value	0.796	0.071	0.163
EIFL thickness, mean		376.2±145.1	179.9±96.1
			< 0.0001
CF thickness, mean		559.3±168.4	359.8±82.0
			< 0.0001



Visual acuity outcomes

Timepoint	Pre-op ERM peel	Post ERM peel, 6 months	Post ERM peel, final
Stage 1	0.62±0.35	0.22±0.07	0.25±0.13
P value		0.14	0.12
Stage 2	0.74±0.45	0.41±0.33	0.37±0.35
P value		0.029	0.017
Stage 3	0.83±0.52	0.39±0.66	0.39±0.66
P value		0.008	0.007
Stage 4	1.14±0.49	0.50±0.38	0.45±0.36
P value		< 0.001	< 0.001
		0.(1+0.70)	
No microcystic changes	0.83 ± 0.54	0.61 ± 0.58	0.50±0.49
P value		0.022	0.0002
Microcystic changes, any stage	1.07 ± 0.48	0.39 ± 0.28	0.38±0.36
P value		< 0.0001	< 0.0001
P value, microcystic changes	0.11	0.06	0.311
versus no microcystic changes			
Microcystic changes, stage 1 or 2	0.80 ± 0.48	0.40 ± 0.41	0.39±0.43
P value		0.05	0.04
Microcystic changes, stage 3 or 4	0.91±0.54	0.39±0.25	0.38 ±0.35
P value		< 0.0001	< 0.0001
No IS/OS diametion	0.70 ± 0.22	0.20 ± 0.17	0.25 ± 0.15
NO 15/05 distuption	0.70 ± 0.55	0.29 ± 0.17	0.23 ± 0.13
P value		<0.0001	< 0.0001
IS/OS disruption, any stage	1.20 ± 0.51	0.58 ± 0.48	0.53±0.47
P value		< 0.0001	< 0.0001
P value, IS/OS disruption versus no	< 0.001	0.007	0.008
IS/OS disruption			

Regression analysis: visual acuity at 6 months post ERM peel

OCT Feature

CFT, pre-operative

CFT, post-operative

EIFL thickness, pre-operative

EIFL thickness, post-operativ

Microcystic changes, presence

IS/OS disruption, pre-operativ

Macular status at time of RRI

	P value, Regression
	0.20
	0.015*
	0.056
ve	0.007*
e	0.019*
ve	0.002*
D repair	0.40

Case examples







Stage 4 ERM with EIFL, microcystic changes VA: 20/400

6 months post peel VA: 20/40





Limitations

- Retrospective series of single center.
- buckle or pneumatic retinopexy.
- Strengths: Multiple OCT features assessed, and 94.7% of eyes were pseudophakic at time of ERM peel for visual acuity assessment.

• Only eyes with ERM after primary RRD were assessed, and findings may not be applicable in recurrent RD or eyes with silicone oil. All eyes had prior history of PPV, and thus results may not be applicable in setting of primary scleral

• OCT measurements of EIFL are subjective and may be difficult in Stage 4 ERM.

Conclusions

- logMAR visual acuity.
- macula off RRD.
- Confirmation of these associations in larger series is warranted.

 Anatomic alteration due to ERM formation after RRD repair is commonly severe (Stage 4 OCT characteristics), and leads to significant worsening of

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