STUDY OF RETINAL DETACHMENT WITH SUPERIOR HOLE TREATED WITHOUT SURGERY

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INTRODUCTION: Retinal Detachment is a dreadful disease and it requires expensive surgery and bed rest for a longer period. In our scenario, 80% population is poor and working and cannot afford surgery and bed rest for such longer period. In our study, we can give better results, better vision, less expensive as well as bed rest for lesser period.

MATERIAL & METHODS: Study was conducted in between May 2012 to April 2013 in Rama Medical College Hospital and Research Centre. We operated initially 46 cases which increased to 50 till the end of this study. We took cases of retinal detachment with holes mainly at 11 to 1 o'clock position. In this study 31 females and 19 males were taken ranging age from 17 to 45 years and refractive errors (initially spectacles using) -3.00 D to -12.00 D.

Patient was admitted and transferred to OT and under local anaesthesia cryo of holes were done and SRF (Sub-Retinal Fluid) drainage was done externally. Intravitreal air injection was given 3-4 mm away from limbus depending upon whether the patient is aphakic or phakic in infratemporal quadrant till eye becomes hard. After that both eyes are bandaged and patient was said to lie prone so that bubble pressure over hole was maintained. Post operatively 2 tablets of acetazolamide were given. It was done for 48 hours. The following day the bandage was removed and indirect ophthalmoscopy was done.

TABLE 2-Age distribution of cases

Age (Years)	Distribution	No. of Cases
17-20		12
20-25		14
25-30		10
30-35		6
35-40		5
40-45		3

TABLE 3-Showing duration of occurrence of Retinal Detachment

Duration of R.D.	No. of Cases
Less than 1 week	31
1 - 2 weeks	10
2 - 3 weeks	5
3 - 4 weeks	3
More than 4 weeks	1

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TABLE 4-Pre-op using spectacle correction

Refractive error (Diop)	No. of Cases
-3.00 to -5.00	26
-5.00 to -7.00	11
-7.00 to -10.00	6
More than -10.00	7

Table 5-Pre-op visual acuity

Pre – op V-A	No. of Cases
PL and PR	39
Hand Movement	6
6/60	3
3/60	2

RESULT: Out of 50 patients, in 38 (76%) patients retina was on, rest of 12 (24%) patients retina was not settled. In the settled RD patients V-A after 1 week improved to 6/60 in 70% cases, after a month 6/36 in 80% cases and 2 months 6/12 in 90% cases.

TABLE 6- post operatively settled retina.

Age (yrs)	No. of cases of settled retina
17-20	11
20-25	13
25-30	7
30-35	4
35-40	2
40-45	1

TABLE 7 – Co-relation between duration of RD with settled retina cases

Duration of RD	No.of cases of settled retina
Less than 1 week	28
1-2 weeks	8
2-3 weeks	1
3-4 weeks	1

Table 8 – Co-relation between refractive error with no. of cases of settled retina

Refractive error(D)	No. of cases of settled retina
-3.00 to -5.00	25
-5.00 to -7.00	9
-7.00 to -10.00	3
-10.00 to -12.00	1

CONCLUSION: It was seen if RD with superior hole lying between 11 to 1 o'clock was operated within a week then results were comparatively satisfactory. It was seen that younger patients with lesser refractive error and less duration of RD got better visual acuity after settlement of retina while older people with higher refractive error with long duration of retinal detachment got less benefit and lesser visual acuity.

This study provides more help to the weaker section of society as they will be benefitted without surgery to this dreadful disease.

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Patient is having superior RD with horse shoe tear.