

Secondary paracentral retinal hole following internal limiting membrane peeling for a large macular hole

Main text: A 75-year-old female with a diagnosis of large (basal diameter 1,685 μm) Stage 3 macular hole [Fig. 1a and b] and coexisting epiretinal membrane (BCVA 6/60) underwent uneventful and atraumatic 25 G vitrectomy along with brilliant blue-assisted internal limiting membrane peeling. Postoperative evaluation after 1 month revealed a secondary paracentral retinal hole formation [Fig. 1c and d] along with reduction in the size of the macular hole (BCVA 6/36). Pars plana vitrectomy with internal limiting membrane peeling is the standard technique for the management of large macular holes.^[1] Surgeons performing macular hole should be aware of this relatively rare complication^[2-4] while performing the procedure. Secondary holes closer to the fovea may require resurgery with gas tamponade.^[5]

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

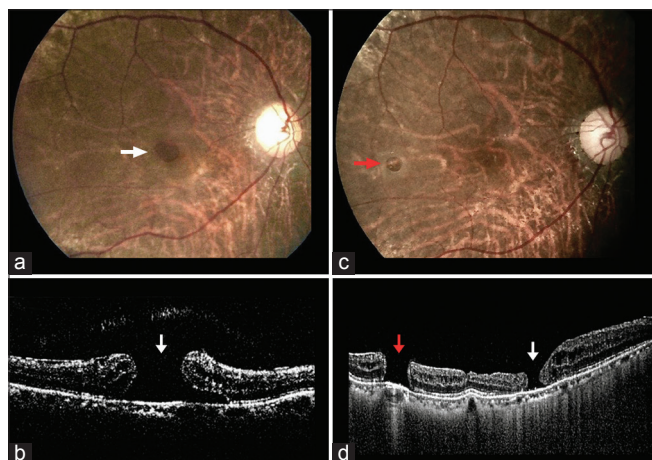


Figure 1: Preoperative colour fundus photograph (a) and optical coherence tomography (b) showing a large macular hole with coexisting epiretinal membrane. Postoperative colour fundus photograph (c) and optical coherence tomography (d) revealed a secondary paracentral retinal hole with reduction in size of the macular hole

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Conflicts of interest

There are no conflicts interest.

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