

Comment on: Anatomical and functional outcomes one year after vitrectomy and retinal massage for large macular holes

Dear Editor,

We read with great interest the article by Chakraborty *et al.*^[1] on anatomical and functional outcomes after retinal massage for large macular holes. The authors must be commended for their efforts. We have also performed almost the same procedure in 12 eyes with large macular holes (MHs) with an average minimum hole diameter of 590 microns over a period of 8 months. U-type closure was obtained in seven eyes, V-type in four eyes, and Type 2 closure in one eye. Eight eyes had more than 2-line visual acuity improvement. Desired anatomical (hole closed) and functional outcomes (>2-line improvement) were achieved in two eyes that had nonclosed MHs even after 360° internal limiting membrane (ILM) peeling. The surgical technique we did was almost the same except for two differences. The gas tamponade used was sulfur hexafluoride (20% SF₆) and the retinal massage was done under fluid (better visualization). The two technically demanding steps of the surgery are retinal massage and fluid drainage from MH. More experience is needed to avoid touching the retinal pigment epithelium (RPE) underneath the MH because RPE activity is a primary factor in visual improvement following MH surgery.^[2] There are concerns regarding damage to parafoveal structures caused by retinal massage; hence, a randomized controlled study should be conducted to draw more reliable conclusions about the severity of macular injury caused by retinal massage and its impact on visual acuity. The other domain for future studies is the assessment of functional outcome by microperimetry as it is more sensitive than visual acuity, contrast sensitivity, and color vision in determining macular function after MH surgery.^[3] To conclude, not only in large MH cases but also in cases of nonclosed MHs with no ILM left in the posterior pole for peeling, retinal massage can be a simple yet meticulous procedure that can aid hole closure.

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Conflicts of interest

There are no conflicts of interest.

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References

1. Chakraborty D, Sengupta S, Mukherjee A, Majumdar S. Anatomical and functional outcomes one year after vitrectomy and retinal massage for large macular holes. *Indian J Ophthalmol* 2021;69:895-9.
2. Tanaka S, Inoue M, Inoue T, Yamakawa T, Uchio E, Grewal DS, *et al.* Autologous retinal transplantation as a primary treatment for large chronic macular holes. *Retina* 2020;40:1938-45.
3. Chen WC, Wang Y, Li XX. Morphologic and functional evaluation before and after successful macular hole surgery using spectral-domain optical coherence tomography combined with microperimetry. *Retina* 2012;32:1733-42.

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