

Commentary: Macular buckling with T-shaped buckle for myopic tractional maculopathy with posterior staphyloma

Myopic tractional maculopathy (MTM) encompasses a challenging set of conditions in patients with pathological myopia. Its pathogenesis can be attributed to two main components: anteroposterior and tangential traction. The anteroposterior component is a sum of the vector forces contributed by the inward pull of the posterior hyaloid and the outward pull of the ectatic sclera in the region of the posterior

staphyloma. Tangential forces are secondary to the epiretinal membrane and internal limiting membrane contraction. Pars plana vitrectomy (PPV), macular buckling (MB), or a combination of both procedures are the recommended techniques to manage patients with MTM.^[1,2] Susvar *et al.*^[3] reported long-term outcomes of T-shaped MB for MTM in Asian Indian eyes. The authors must be commended for their work on tackling this challenging condition. We would like to highlight the following points, in addition to those mentioned in the aforementioned manuscript.

1. Parolini *et al.*^[1,2] proposed a 12-stage classification of MTM based on the presence or absence of lamellar/full-thickness macular hole (MH), nature of macular schisis (MS), and macular detachment (MD). They outlined a treatment

- algorithm comprising observation, PPV, MB, or PPV+MB based on the stage of the disease.
- Zhao *et al.*^[4] demonstrated the superiority of MB over PPV in patients of high myopia who have MH-associated MD in a prospective randomized trial. Though the functional outcomes at two years were similar in both groups, patients who underwent MB had a 4% failure rate compared to 25% for those who underwent PPV.
 - Liu *et al.*^[5] highlighted that MB had better anatomic and functional outcomes with fewer complications than PPV in patients of high myopia with MS-associated MD in the absence of MH.
 - MB has a steep learning curve and may be associated with complications such as optic nerve compression, choroidal/subretinal hemorrhage, diplopia, and improper exoplant placement. Utilization of intraoperative optical coherence tomography and 3D printing of macular buckles via computerized tomography-guided measurement of the geometry of myopic eyes can potentially lead to improved outcomes while minimizing complications.^[6,7]

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