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Original Article Template

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Author 1[1], Author 2[2], Author 3[3] (Font Arial, Size 11, Style Bold)

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ARTICLE INFO

Keywords:
Retinal Redetachment; Primary Treatment; Silicone Oil;

How to cite:

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ABSTRACT (Font Arial, Size 11, Style Bold, All Caps)

Introduction: *(Font Arial, Size 11, Style Bold Italic) To observe the number and presentation of retinal redetachment after primary reattachment treatment in a national eye center.* ***Methods:*** *This study was designed for observational-descriptive of the medical record from April 2011 to March 2012. Selected cases were identified on the secondary retinal surgery for retinal reattachment followed the failure of the primary treatment.* ***Results:*** *Regarding with primary reattachment treatment, cases of retinal redetachment after pneumatic retinopexy was 6%, the scleral buckle was 16%, pars plana vitrectomy was 29%, and combined sclera buckle with pars plana vitrectomy was 48%.* ***Conclusions:*** *Rates of retinal redetachment after primary reattachment treatment varied from 6% to 48%, that were performed by combined scleral buckling and pars plana vitrectomy with or without tamponade silicone oil. (Font Arial, Size 11, Style Italic, Line Spacing 1.15, Alignment Justified)*

1. INTRODUCTION (FONT ARIAL, SIZE 11, STYLE BOLD, ALL CAPS)

The term of retinal detachment (RD) is used to describe a separation of the neurosensory retina from the retina pigment epithelium (RPE) and the potential space

is occupied by sub-retinal fluid.[1,2] Nearly all retinal detachments fall into one of three general categories based on the underlying cause of the RD. The first is rhegmatogenous retinal detachment (RRD), which occurs as the result of a full-thickness retinal break. The second category is traction retinal detachment (TRD) occurs when vitreoretinal adhesions mechanically detach the retina from the underlying RPE. In some instances, RD may involve both RRD and TRD. The third category is exudative serous retinal detachment (ERD), this type of RD occurs due to a process, such as a tumor or inflammation resulting in accumulation of subretinal fluid without associated traction or full-thickness retinal break.[2]

The incidence of RRD, the most common type of retinal detachment, varies between 12.9 to 17.9 per 100,000 persons per year. The primary interventions currently used to repair RRD are pneumatic retinopexy, scleral buckle, pars plana vitrectomy (PPV), and combined PPV with scleral buckle.[3]

Pneumatic retinopexy (PR) is a minimally invasive surgical procedure in the treatment of primary rhegmatogenous retinal detachment (RRD). First introduced in the mid-1980s by Dominguez in Spain, and Hilton and Grizzard in the United States, this technique has been used in a variety of cases all over the world.[4,5] Pneumatic retinopexy involves creation of retinopexy around retinal breaks by intraocular gas injection is considered to be most successful for primary retinal reattachment in phakic patients with limited superior retinal breaks.[3] (Font Arial, Size 11, Style Regular. Line Spacing 1.15, Alignment Justified)

2. METHODS (FONT ARIAL, SIZE 11, STYLE BOLD, ALL CAPS)

This study was designed for observational-descriptive of the medical record from April 2011 to March 2012. Selected cases were identified on the secondary retinal surgery for retinal reattachment followed the failure of the primary treatment…… etc. (Font Arial, Size 11, Style Regular. Line Spacing 1.15, Alignment Justified)

3. MAIN HEADING OF THE ANALYSIS OR RESULTS (FONT ARIAL, SIZE 11, STYLE BOLD, ALL CAPS)

Rhegmatogenous retinal detach-ment is the most common form of retinal detachment, where a retinal “break” allows the ingress of fluid from the vitreous cavity to the subretinal space, resulting in retinal separation. Retinal break refers to a full-thickness defect in the neurosensory retina……. Etc. (Font Arial, Size 11, Style Regular. Line Spacing 1.15, Alignment Justified)

Table 1. Data of the characteristics of the research subjects
(Font Arial, Size 9, Line Spacing 1, Alignment Centered)

Variable	Category	Number	%
Age	<40 years old	2	13.3
	>40 years old	13	86.6
Occupation	Employed	5	33.3
	Housewife	10	55.7
Education	Low	12	80
	High	3	20

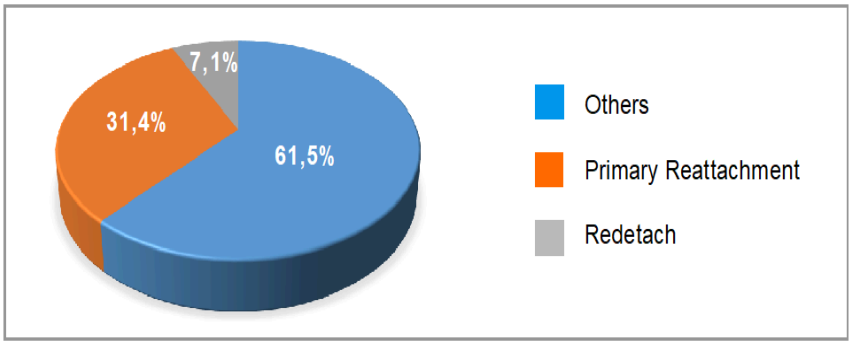

Figure 1. Percentage of vitreoretinal surgery at Cicendo Eye Hospital
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4. DISCUSSIONS (FONT ARIAL, SIZE 11, STYLE BOLD, ALL CAPS)

For more than a half-century, the operation most favored for primary retinal detachment has been scleral buckling (SB). Between 75-88% of cases attain permanent reattachment with one operation.[10] The anatomic results after scleral buckling for RRD are dependent on many preoperative and intraoperative factors. An overall reattachments rate of at least 90% is achievable.[11] Multiple preoperative and intraoperative risk factors have been correlated with the anatomic prognosis after SB. These include the presence of PVR, vitreous hemorrhage, choroidal detachments, greater extend of detachment, larger or giant retinal tears, hypotony, failure to identify retinal break, or injection of air, gas, or fluid.[11] (Font Arial, Size 11, Style Regular. Line Spacing 1.15, Alignment Justified)

5. CONCLUSION

Rates of retinal redetachment after primary reattachment treatment varied from 6% to 48%, that were performed by combined scleral buckling and pars plana vitrectomy with or without tamponade silicone oil. (Font Arial, Size 11, Style Regular. Line Spacing 1.15, Alignment Justified)

ACKNOWLEDGMENTS

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Conflict of Interest Statement:

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Case Report Template

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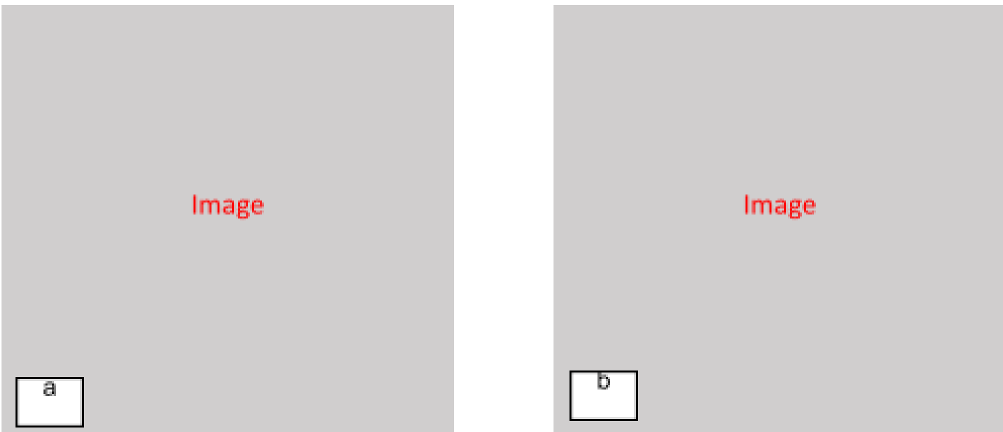

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4. CONCLUSION (FONT ARIAL, SIZE 11, STYLE BOLD, ALL CAPS)

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ETHICAL APPROVAL

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CONSENT FOR PUBLICATION

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Review Article Template

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