### A Comparative Study Between Vitrectomy with & without ILM Peeling for Tractional Diabetic Macular Edema as Regards Anatomical and Electrophysiological Changes of the Macula

Chesis

Submitted for Partial Fulfillment of Master Degree in Ophthalmology

Presentad by

### Ahmed Mansour Ibrahim Sayed

M.B.B.Ch (Faculty of Medicine, Ain Shams University)

#### Prof. Dr. Tarek Ahmed Ma'moun

Professor of Ophthalmology Ophthalmology Department Faculty of Medicine, Ain Shams University

### Prof. Dr. Amany Abd El-Fattah El-Shazly

Professor of Ophthalmology Ophthalmology Department Faculty of Medicine, Ain Shams University

### Prof. Dr. Tamer Fahmy Eliwa

Assistant Professor of Ophthalmology
Ophthalmology Department
Faculty of Medicine, Ain Shams University
Faculty of Medicine
Ain Shams University

2018

## List of Contents

	Title	Page No.	
List of Ta	ables		
List of Fi	gures		iv
List of Ak	obreviations		iv
Introduct	tion		1
Aim of th	e Work		5
Review of	Lițerature		
• Ch	napter (1): Epidemio	logy	6
• Ch	napter (2): Anatomy	& pathophysiology	14
• Ch	napter (3): Clinical H	Picture	22
• Ch	napter (4): Investigti	ions	25
• Ch	napter (5): Treatmer	nt	40
Patients	and Methods		49
Results			62
Discussio	on		127
Limitatio	ons and Recommenda	tion	135
Summar	y & Conclusion		136
Reference	es		139
Arabic Sı	ımmarv		

## List of Tables

Table No.	Title	Page No.
Table (1):	Abbreviated Early Treatment Retinopathy Study (ETDRS) Class of Diabetic Retinopathy	ification
Table (2):	Distribution of gender of the st groups	
Table (3):	Showing the comparison between studied groups regarding gender: 0 differences are significant at p < 0.	(Marked
Table (4):	Clinical and demographic characters of the studied groups	
Table (5):	Comparison between the studied regarding preoperative & posto VA and SE:	perative
Table (6):	Preoperative Five- Rings R Densities of the Studied Groups	<del>-</del>
Table (7):	Preoperative Five- rings P1 ampl the studied groups:	
Table (8):	Preoperative Five- ringsP1 latence studied groups	•
Table (9):	Preoperative Macular retinal thick the studied groups:	
Table (10):	Postoperative Five- rings and densities of the studied groups:	_
Table (11):	Postoperative Five- rings P1 ample the studied groups	
Table (12):	Postoperative Five- rings P1 latend studied groups	v
Table (13):	Postoperative Macular retinal thic the studied groups	

Table (14):	Comparison between preoperative and postoperative BCVA in group 1:87
Table (15):	Comparison between preoperative and postoperative Five- rings response densities of the group 1:89
Table (16):	Comparison Between Preoperative and Postoperative Five- Rings P1 Amplitude of the Group 1:
Table (17):	Preoperative Vs Postoperative Five- rings latency of the group1:93
Table (18):	Preoperative Vs Postoperative Macular retinal thickness of the group 1:95
Table (19):	Comparison between preoperative and postoperative BCVA in group 2:98
Table (20):	Preoperative and postoperative Five- rings response densities of the group 2:100
Table (21):	Preoperative and Postoperative Five- Rings P1 Amplitude of the Group 2:102
Table (22):	Preoperative and Postoperative Five Rings P1Latency of the Group 2:104
Table (23):	Preoperative and Postoperative Macular retinal Thickness of the group 2:106
Table (24):	Correlations between Central foveal thicknesses and different parameters in group 1:113
Table (25):	Correlations between inner macular ring thicknesses and different parameters in group 1:
Table (26):	Correlations between outer macular ring thicknesses and different parameters in group 1:
Table (27):	Multiple regression analysis of different factors affecting CFT in group1:118

Table (28):	Correlations between postoperative Central foveal thicknesses and different parameters in group 2:	119
Table (29):	Correlations between inner macular ring thicknesses and different parameters in group 2:	122
Table (30):	Correlations between outer macular ring thicknesses and different parameters in group 2:	123
Table (31):	Multiple regression analysis of different factors affecting CFT in group 2:	124
Table (32):	Comparison between rate of change between the two studied groups:	125

Fig. No.	Title	Page No.
Figure (1):	Oxidative stress leads to BRB brea	
	and macular edema	
Figure (2):	Hyperglycemia leads to oxidative	
	and impacts distinct pathways	
Figure (3):	Inflammatory cytokines and their	
	PDR	
Figure (4):	Main mechanisms involved in	
	upregulation and its consequences	
	pathogenesis of diabetic retinopathy	
Figure (5):	Schematic view of clinically sign	
	macular edema	
Figure (6):	Fundoscopic view (Left Fig.)	and
	fluorescein angiography (Right Fig	g.) of a
	diabetic retinopathy patient with v	ascular
	leakage in the temporal retina an	d focal
	macular edema	26
Figure (7):	OCT classification of DME	28
Figure (8):	OCT images of patients classified a	s broad
_	type, based on diameter o	f the
	vitreomacular adhesion, and V-s	shaped,
	based on the pattern of the vitreon	nacular
	adhesion (a–d)	29
Figure (9):	Multifocal Stimuli by pseudo rand	
	sequence	
Figure (10):	A schematic diagram showin	
	waveform, timing and	
	contribution of the first-order ker	
	the multifocal electroretinogram	

Fig. No.	Title	Page No.
Figure (11):	(A) A 103 scaled hexagonal patt multifocal electroretinogram (r measurement. (B) A mfERG first kernel trace array (103 waveform Ring traces from Ring 1 to Ring 6 three-dimensional plot of mfERG with indicated location of the blind	nfERG) st-order ns). (C) S. (D) A traces
Figure (12):	3D map of multifocal ERG show central foveal response and blind sp	vs high
Figure (13):	Positioning of the mf-ERG electrod	
Figure (14):	The active electrode: HK- loop	
Figure (15):	Reference and ground electrode	
Figure (16):	The conductive paste used to reference and the ground electrode	fix the
	skin	
Figure (17):	Multifocal ERG by the RETIscan de	
Figure (18):	Ring display of the multifocal ERG	
Figure (19):	Quadrant display of the multifocal	
Figure (20):	Distribution of gender of the group	162
Figure (21):	Distribution of gender of the group!	263
Figure (22):	Comparison between the studied	-
Figure (23):	regarding age and duration of DM. Comparison between the studied	
	regarding AL & IOP	-
Figure (24):	Comparison between the studied regarding preoperative and postor	groups
	VA	
Figure (25):	Rings – Amplitude P1 of Lt eye of of the patients	the one
Figure (26).	Preoperative Five- rings re	
Figure (26):	densities of the studied groups	
Figure (27):	Preoperative Five- rings P1 ampli	
1 1gu15 (21).	the studied groups	

Fig. No.	Title	Page No.
Figure (28):	Preoperative Five- rings P1 latency studied groups	y of the
Figure (29):	Segmentation of superior, inferior and temporal quadrants	, nasal,
Figure (30):	Preoperative Central Foveal thick Inner Macular Ring Thickness	mess &
Figure (31):	Preoperative Outer Macular Thickness.	Ring
Figure (32):	Postoperative Five- rings redensities of the studied groups	esponse
Figure (33):	Postoperative Five- rings P1 ample the studied groups.	itude of
Figure (34):	Postoperative Five- rings P1 latence studied groups	y of the
Figure (35):	Postoperative Central Foveal the &inner macular ring thickness	ickness
Figure (36):	Postoperative Outer macular thickness.	ring
Figure (37):	Preoperative Vs postoperative group 1	
Figure (38):	Preoperative Vs Postoperative Fiversponse densities of group 1	e- rings
Figure (39):	Preoperative Vs Postoperative Five amplitude of group 1	e- rings
Figure (40):	Preoperative Vs Postoperative Five P1 latency of the group 1	e- rings
Figure (41):	Preoperative Vs Postoperative Foveal thickness of the group 1	Central
Figure (42):	Preoperative Vs Postoperative	inner
Figure (43):	macular ring thickness of the group Preoperative Vs Postoperative	outer
Figure (44):	macular thickness of the group 1  Preoperative Vs postoperative	

Fig. No.	Title	Page No.
Figure (45):	Preoperative Vs Postoperative Fivresponse densities of group 2	_
Figure (46):	Preoperative Vs Postoperative Fiv P1 amplitude of group 2	e- rings
Figure (47):	Preoperative and Postoperative rings P1 latency of the group 2	e Five-
Figure (48):	Preoperative and Postoperative Foveal thickness of group 2	Central
Figure (49):	Preoperative and Postoperative Macular Ring thickness of Group 2	Inner
Figure (50):	Preoperative and Postoperative Macular Ring Thickness of Group	Outer
Figure (51):	Preoperative Vs Postoperative Oc no. 5 in group 1	CT case
Figure (52):	Preoperative Vs Postoperative Oc no. 12 in group 2	CT case
Figure (53):	Preoperative Vs Postoperative Oc no. 14 in group 1	CT case
Figure (54):	Preoperative Vs Postoperative Oc no. 2 in group 2	CT case
Figure (55):	Preoperative Vs Postoperative Oc no. 13 in group 2	CT case
Figure (56):	Preoperative Vs Postoperative Fiv P1 amplitude case no. 5 in group 1	re- rings
Figure (57): P	reoperative Vs Postoperative Five- n amplitude case no. 9 in group 2	rings P1
Figure (58):	Preoperative Vs Postoperative 3D case no. 6 in group 1	Plotting
Figure (59):	Correlation between Postoperative and CFT in group1	e BCVA
Figure (60):	Correlation between Postoperative and CFT in group 1	e RRD1
Figure (61):	Correlation between Postoperative	e R1 P1

Fig. No.	Title Page	No.
Figure (62):	Correlation between Postoperative R1 P1	
	latency and CFT in group 1	115
Figure (63):	Correlation Between Postoperative BCVA	
	and CFT in group2	120
Figure (64):	Correlation Between Postoperative RRD1	
	and CFT in group 2	120
Figure (65):	Correlation Between Postoperative R1 P1	
<u> </u>	amplitude and CFT in group 2	121
Figure (66):	Correlation Between Postoperative R1 P1	
<u> </u>	latency and CFT in group 2	121
Figure (67):	Rate of change between the two studied	
	groups regarding CFT	126

Abb.	Full term
μm	Micrometer
$\mu V$	Microvolts
AGEs	Glycation End Products
AL	Axial Length
ANG-2	Angiopoietin -2
BCVA	Best Corrected Visual Acuity
BMI	Body Mass Index
BRB	Blood Retinal Barrier
cd/m2	Candela Per Square Metre
CFT	Central Fovea Thickness
CSME	Clinically Significant Macular Edema
CW	Continuous Wave
D	Diopters
DCCT	Diabetes Control And Complications Trial
DM	Diabetes Mellitus
DME	Diabetic Macular Edema
DN	Diabetic Nephropathy
DR	Diabetic Retinopathy
ELM	External limiting membrance
ERG	Electroretinogram
ERM	Epiretinal Membrane
ETDRS	Early Treatment Diabetic Retinopathy Study

Abb.	Full term
FDA	Food and Drug Administration
FFA	Fundus Fluorescein Angiography
GCC	Ganglion cell complex
HIF-1	Hypoxia Inducible Factor 1
IDF	International Diabetes Federation
IIM	Inferior inner macula
IL	Interleukin
ILM	Internal limiting membrane
IOM	Inferior outer macula.
IOP	Intraocular pressure
IRMA	Intraretinal Microvascular Abnormality
ISCEV Vision	International Society of Electrophysiology of
kOhm	Kilo Ohm
LALES	Los Angeles Latino Eye
LogMAR	Logarithm of the minimum angle resolution
MENA	Middle East and North Africa
mf-ERG	Multifocal ERG
Min	Minutes
mm	Millimeter
ms	Milliseconds
NIM	Nasal inner macula
nm	Nanometer
NOM	Nasal Outer Macula

Abb.	Full term
NPDR	. Nonproliferative Diabetic Retinopathy
nV	. Nanovalt
nV/deg2	. Nanovolt Per Degree Square
OCT	. Optical coherence tomography
ONH	. Optic nerve head
PDGF	. Platelet-Derived Growth Factor
PDR	. Proliferative Diabetic Retinopathy
PKC	. Protein Kinase C
PPV	. Pars Plana Vitrectomy
PVD	. Posterior vitreous detachment
RD	. Retinal detachment
RNFL	. Retinal nerve fiber layer
RPE	. Retinal pigment epithelium
RRD	. Retinal Response Density
SD	. Standard Deviation
SD-OCT	. Spectral domain optical coherence tomography
SE	. Spherical Equivalent
SIM	. Superior inner macula
SOM	. Superior outer macula
TD-OCT	. Time domain optical coherence tomography
TGF-β	. Transforming Growth Factor Beta
TIM	. Temporal inner macula

Abb.	Full term
TNF-α	Tumor Necrosis Factor-Alpha
TOM	
UK	United Kingdom
UKPDS	United Kingdom Prospective Diabetes Study
VEGF	Vascular Endothelial Growth Factor
VMA	Vitreo-Macular Adhesion
VMT	Vitreo-Macular Traction
VPF	Vascular Permeability Factor
VTDR	Vision-Threatening Diabetic Retinopathy
WESDR Retinopathy	Wisconsin Epidemiologic Study of Diabetic

#### **ABSTRACT**

**Purpose** of this study is to compare & evaluate the influence of Pars Plana Vitrectomy with or without internal limiting membrane (ILM) peeling, on the visual acuity, macular thickness using spectral-domain optical coherence tomography (SD-OCT) and macular function using multifocal electroretinograms (mf-ERG) in tractional diabetic macular edema.

**Methods**: in our prospective interventional case series 30 patients were included in our study. 15 patients did 23-gauge *Pars plana Vitrectomy with ILM peeling & 15 patients did* 23-gauge *Pars plana Vitrectomy without ILM peeling*.

**Results**: BCVA, CFT, other macular thicknesses together with multifocal parameters has improved after 23 gauge pars plana vitrectomy with or without ILM Peeling

Conclusion: BCVA, CFT, other macular thicknesses together with multifocal parameters could provide objective criteria for the structural and functional evaluation of DME before and after vitrectomy with or

without ILM peeling with no significant statistical difference between both groups

#### **Key words:**

ILM, SD-OCT, mf-ERG, BCVA, CFT