

Special Issue

Clinical Treatment of Refractory Full Thickness Macular Hole (FTMH)

Message from the Guest Editor

Refractory FTMH is a generic definition that includes both a “reopened FTMH”, an FTMH occurring after surgically induced closure, and “unclosed or persistent FTMH”, an FTMH that does not close at the end of surgery. A FTMH refractory to PPV and ILM peeling is a challenge for surgeons, and several of the proposed surgical techniques have been studied in the ongoing search for the best treatment. An enlargement of ILM peeling demonstrated that ILM has to be removed up to the vascular arcades. Light silicone oil (SO), heavy SO and blood derivatives (as whole blood (WB) or autologous platelet concentrate (APC)) have been widely used, alone or combined with other procedures. This Special Issue will collect research on the surgical techniques currently in use for the treatment of refractory FTMH and provide information on the surgical variants, the results obtained and the complications to better understand which is the best and most standardizable approach for this macular pathology.

Guest Editor

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