

# Traumatic macular hole: observe or treat it?

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## ABSTRACT

Traumatic macular hole (TMH) is a full-thickness defect of neuroretina at the fovea following a mechanical ocular blunt injury. It is usually associated with other retinal pathologies, including commotio retina, diffuse retinal oedema, retinal haemorrhage, and choroidal rupture. Closure of TMH can be achieved spontaneously or by surgical intervention. A healthy 13-year-old boy presented with right eye (RE) alleged blunt trauma by shuttlecock while playing badminton. Post trauma complaining of RE blurring of vision and redness. Vision on presentation was 5/60 with traumatic hyphaemia, mydriasis, and uveitis. Unfortunately, he had a RE traumatic macular hole with subretinal bleed/oedema. After further consultation with parents, he underwent surgical intervention RE trans pars plana vitrectomy (TPPV) / internal limiting membrane (ILM) peeling/ endo-laser (EL)/ silicone oil (SO). 6 months post-surgery, slight vision improvement seen from 5/60 to 6/48. TMH management is a controversial decision whether to operate or simply observe these TMH especially in the younger population. The vision prognosis is the same with spontaneous closure or surgery as the final BCVA depends upon the degree of photoreceptor and RPE cell disruption rather than the size of the hole.