

Cystoid Macular Edema

definition

intraretinal edema contained in honeycomb-like cystoid spaces

pathogenesis

abnormal perifoveal retinal capillary permeability

fluorescein angiography

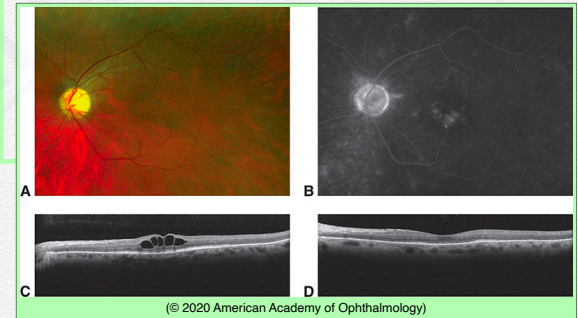
multiple small focal fluorescein leaks and late pooling of the dye in extracellular cystoid spaces

"flower-petal" (petaloid) pattern

OCT

diffuse retinal thickening with cystic areas of low reflectivity more prominently in the inner nuclear and outer plexiform layers

subretinal fluid accumulation



imaging

histology

swelling in and between müllerian glia

diabetic retinopathy

central and branch retinal vein occlusion

uveitis

retinitis pigmentosa

cataract extraction Irvine-Gass Syndrome

retinal detachment surgery

vitrectomy

glaucoma procedures

photocoagulation

cryopexy

prostaglandin analogues

choroidal neovascularization

subretinal disease processes choroidal hemangioma

subclinical retinal detachment

niacin

Incidence

Rare causes of cystic macular change

nicotinic acid maculopathy

X-linked hereditary retinoschisis

Goldmann-Favre disease

retinitis pigmentosa

60% intracapsular lens extraction

Intraocular lens implantation at the time of extracapsular surgery does not appear to increase the incidence of CME

peak incidence 6–10 weeks postoperatively

usually within 6 months spontaneous resolution in ≈ 95%

cataract surgery

vitreous cells

optic nerve head swelling

severe cases clinical CME

permanent vision loss

2 types

apparent only on fluorescein angiography

mild and asymptomatic angiographic CME

predisposing diseases

degree of postoperative inflammation

vitreous loss

iris prolapse

presence or absence of surgical complications

for prophylaxis

for established edema

combination of topical corticosteroids and NSAIDs

periocular steroid

for cases refractory to topical therapy

intraocular steroid

especially in cases associated with retinitis pigmentosa

systemic acetazolamide

chronic CME

interruption of vitreous strands by vitrectomy or Nd:YAG laser

for vitreous adhesions to the iris or corneoscleral wound

Treatment

Pharmacologic therapy