

VITRECTOMY FOR ENDOPHTHALMITIS: FIVE YEAR STUDY OF OUTCOMES AND COMPLICATIONS

Purpose: To analyze the outcomes of vitrectomy for endophthalmitis

Methods: Retrospective case series. All cases that underwent vitrectomy for endophthalmitis at a tertiary centre between 1st February 2013 and 1st February 2018 were included. No patients were excluded from our analysis.

Results: A total number of 35 patients were included in the study with 20 males and 15 females, average age of 64 years. The causes for exogenous endophthalmitis included phacoemulsification (n = 9), trabeculectomy (n = 5), intravitreal injection (n = 7), corneal graft (n = 4) and vitreoretinal surgery (n = 3). 6 patients had endogenous endophthalmitis. Average follow up was 17 months (SD 14). 22/35 (63%) patients had perception of light (PL) visual acuity (VA) prior to surgery. Mean LogMAR VA improved significantly from 2.6 to 1.65 at final follow up (P = 0.0001), with 11% VA of 20/40 or better, and 26% with VA of 20/100 or better. Vitrectomy within 5 days of presentation resulted in mean LogMAR VA gain of 1.12 compared to 0.6 following vitrectomy after 5 days (P = 0.011). The final VA for patients undergoing vitrectomy within 5 days (1.46 LogMAR) was significantly better (P = 0.016) compared to vitrectomy after 5 days (1.98 LogMAR). Complications included: retinal detachment (22.9%), macular hole (2.9%), hypotony (8.6%), and suprachoroidal haemorrhage (2.9%), enucleation/evisceration (5.7%).

Conclusions: This study reports that vitrectomy for endophthalmitis leads to significant visual acuity gains. Surgical outcomes are improved with vitrectomy performed within 5 days of the initial event. Patients should be advised of the potential risk of severe complications with/and without surgery.