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# Macular translocation for treatment of exudative age related macular degeneration

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DISADVANTAGES OF "LMT"

- 1-Choroidal hemorrhage:-Radial scleral unfolding has the disadvantage of being more unfamiliar to surgeons and carries risk of subretinal and choroidal hemorrhage during suture placement, the choroid may unintentionally be perforated during suturing of the full-thickness fold (Jeffrey, 2001).
- 2-Less effective than MT360 in stabilizing or improving visual acuity:-Looking only at the patients in these two groups who had standardized visual acuity (median 10 months postop; range 6 to 12 months), there was less than three lines of vision lost after LMT with scleral infolding group, and less than one line median visual acuity loss in the "MT360" retinotomy group. Overall, 24% of patients with LMT "scleral infolding" achieved a visual acuity of (20/100) or better, compared to 35% in the MT360° retinotomy group (Kronemyer, 2001).
- 3- Unpredicted foveal displacement due to different factors:-Elasticity of viable retina, extent, and location of intraoperative retinal detachment, postoperative positioning, retinal folds, and Review of literatures- 81 -other undetermined factors may also contribute to foveal displacement in patients undergoing limited macular translocation (Sullivan et al, 2002). Possible complications of vitrectomy surgery and other complications of macular translocation such as choroidal hemorrhage are understood in advance by the patient and surgeon. Further improvements in surgical technique may improve the predictability of foveal displacement and increase the utility of limited macular translocation in patients with subfoveal CNV from AMD or other associated conditions (Sullivan et al, 2002).