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ABSTRACT

Vitreoretinal Surgery for Severe Retinal Capillary Hemangiomas

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Retinal capillary hemangioblastoma (RCH) is one of the most common expressions of von Hippel- Lindau (VHL) disease and may lead to blindness in the affected eyes. Although small and middle sized RCH can be efficiently treated by laser photocoagulation, cryotherapy or a combination of both, some patients present, at their first ocular examination, with large, multiple, complicated RCH, which cannot be treated conventionally. We evaluated the long-term success rate of vitreoretinal surgery in a series of 23 eyes presenting with complex cases of RCH due to VHL disease. The most common indication for surgery was the impossibility of eradicating RCH, due either to their large size or to their combination with an exudative or tractional detachment, epiretinal membrane proliferation, or a vitreous hemorrhage. All eyes underwent pars plana vitrectomy with epiretinal membrane dissection and silicone oil or gas injection. In 9 eyes, retinectomy was performed to remove the RCH. The other 14 were treated by laser endophotocoagulation, alone or combined with transcleral cryotherapy. Mean follow up was 8 years. Six months after surgery, the retina was flat in 22 eyes. Long-term complications included RCH reproliferation in 14 eyes and neovascular glaucoma in 5 eyes. Seven eyes became blind. In the remaining 16 eyes, final visual acuity ranged from 20/20 to counting fingers. Large RCH were satisfactorily treated by either vitrectomy with epiretinal dissection and endolaser photocoagulation, or retinectomy for RCH resection, although a high rate of vision-threatening RCH recurrence was observed in the long term.