

Special Issue

Advances in the Treatment of Retinal Detachment

Message from the Guest Editor

Most rhegmatogenous retinal detachments are rapidly progressive conditions that can lead to blindness if left untreated. Until around 1990, initial surgery for rhegmatogenous retinal detachment underwent mainly with scleral buckling, and vitrectomy was performed only for rhegmatogenous retinal detachment associated with retinal break located deeply and for proliferative vitreoretinopathy (PVR). The subsequent introduction of small-incision vitrectomy and wide-angle viewing systems have improved the efficacy and safety of vitrectomy, which is believed to be the reason for its widespread use as the initial surgery for rhegmatogenous retinal detachment. Even if the initial retinal reattachment rate improves, however, postoperative visual acuity will deteriorate if PVR or macular pucker occurs, even if the patient undergoes reoperation. Drugs to prevent PVR such as methotrexate and prophylactic internal limiting membrane peeling have also been reported. This Section discusses recent advances in the treatment of retinal detachment.

Guest Editor

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