

Subretinal injection of rTPA to treat submacular hemorrhage secondary to age-related macular degeneration and a case series

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This case series describes the effectivity of subretinal injection of recombinant tissue plasminogen activator and pneumatic displacement of the subretinal hemorrhage in combination with intravitreal injection of bevacizumab to treat the submacular hemorrhage secondary to age-related macular degeneration. All the surgeries were performed at the same center and by the same surgeon. The standard management in all cases was pars plana vitrectomy (25G), subretinal injection of recombinant tissue plasminogen activator using a 25G cannula with 31G tip, fluid-air exchange, intravitreal injection of bevacizumab and SF6 tamponade followed by postoperative supine position in the first hour and then prone position for the next 48 hours. The morphologic results were satisfactory in every case. The functional results seem to be closely related to the interval between submacular hemorrhage occurrence and surgery.