

Diabetic retinopathy is a leading cause of vision loss among those of working age and diabetic macular edema (DME) is a common cause of vision loss among those with diabetes mellitus (DM).^{1,2} In the Early Treatment of Diabetic Retinopathy Study (ETDRS), the 3-year risk of moderate visual loss (a decrease of three lines or more on a logarithmic visual acuity (VA) chart) among untreated eyes with DME involving or threatening the central macula was 32%.³ The pathogenesis of DME is multifactorial, predominantly involving retinal vascular hyperpermeability and other alterations in the retinal microenvironment. Mechanical causes at the vitreoretinal interface, however, are believed to contribute in select patients.⁴⁻⁷ There are a number of ophthalmic treatments, including focal and grid laser, Intravitreal injection of anti-vascular endothelial growth factor (anti-VEGF) agents, and Intravitreal injection of corticosteroids. Surgical interventions, including vitrectomy with possible peeling of the internal limiting membrane (ILM), have also been used.⁸⁻¹¹ Our aim in this article is to review the surgical options for managing DME, more specifically in patients with vitreoretinal interface problems.

Key words: diabetic macular edema, intravitreal injection, anti-VEGF, corticosteroids, vitrectomy.