

Letter to the Editor: Imaging Characteristics and Natural History of Macular Pseudo-Folds Mimicking Full-Thickness Postoperative Macular Folds Following Retinal Detachment Repair

Dear Editor,

We read with interest the article written by Sheng et al.¹ that was published in the June 2017 issue of your journal.

The authors present three cases in which partial-thickness retinal folds were observed following the repair of rhegmatogenous retinal detachment (RRD) by way of pars plana vitrectomy (PPV) and gas tamponade.

In all cases, inner retinal folds or wrinkling can be appreciated at the 1-month postoperative visit on spectral-domain optical coherence tomography (SD-OCT). Distortion, in Cases 1 and 2, causes internal limiting membrane (ILM)-to-ILM apposition of inner retinal folds. Outer retinal folds are also noted, with base-to-base photoreceptor apposition. In follow-up images, although the outer retinal folds appear to have resolved in all cases, inner retinal folds remain present, although less prominent.

Inner and outer retinal folds following PPV for RRD were first described by Benson et al. and dell’Omo et al., respectively.^{2,3} Other studies have since reported the longitudinal follow-up of inner retinal folds and outer retinal folds by OCT.⁴ Both tend to resolve spontaneously with good visual outcomes, although inner retinal folds may persist longer.⁴ As such, observation has been typically recommended for partial-thickness retinal folds following PPV for RRD. This is in contrast to full-thickness retinal folds with base-to-base photoreceptor apposition following PPV for RRD. It is in these circumstances that many, including Sheng et al.¹, advocate for the surgical management of retinal folds.

Sheng et al.¹ suggest employing the term “pseudo-folds” when discussing partial thickness folds involving either the outer retina or inner retina. In an analogous situation, the term “pseudohole” is used for the scenario where there is the clinical appearance of a full-thickness macular hole, however, the OCT demonstrates no loss of tissue. Instead, epiretinal membrane is present and has created distortion of the anatomy, giving the appearance of a hole clinically.⁵

The word “pseudo” is Greek for “false.” However, the folds in question are in fact true folds in the retina, as demonstrated via SD-OCT. Hence, we do not feel that “pseudo-folds” is the most precise descriptor for this pathology. We believe that the established terms in the literature (“partial thickness folds”, or more specifically “inner retinal folds” or “outer retinal folds”) may be more appropriate.

The term “pseudo-fold” may be more suitable in the scenario of an epiretinal membrane that gives the appearance of a retinal fold clinically, in which there are no actual folds of the retina observed on OCT.

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