

Retinal Consultants

Lattice Degeneration

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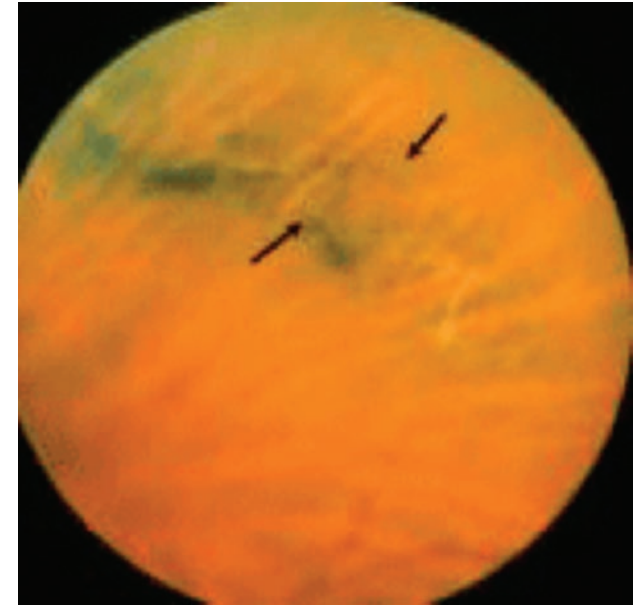
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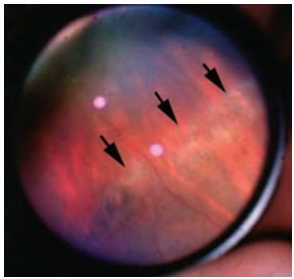
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Retinal Consultants



Lattice Degeneration is one of the most important ocular abnormalities known to predispose a patient to retinal detachment. Lattice degeneration can be found in one or both eyes and is more often seen in patients with myopia (near sightedness).

What is Lattice Degeneration? Lattice lesions appear as sharply defined, round or oval areas of retinal thinning or irregularity. They are usually are circumferentially



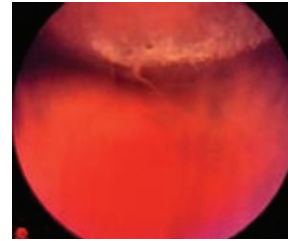
oriented and located between far in the retinal periphery. Variable features of

Figure 1: Arrows indicated the edge of lattice degeneration as viewed by your doctor.

lattice lesions include abnormal pigmentation, yellow-white surface flecks, and branching white lines, which represent occluded or sheathed retinal blood vessels (Figure 1).

Why is Lattice Degeneration Important? Progressive thinning of the retina can lead to the formation of small holes, typically in about 20-30%. If the vitreous gel clings firmly to the edges of the lattice lesions, retinal tears can sometimes arise (1 to 2 percent). Interestingly, 30 percent of patients with retinal detachment have lattice degeneration, never-the-less it is

Surgeon is gently pressing in on the eye in order to enhance the view of the small hole within an area of lattice degeneration.

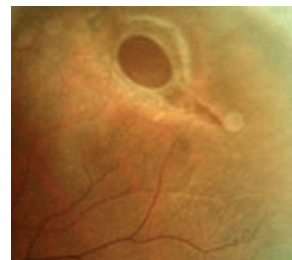


found in about 10% of the general population who never develop retinal detachment. The lifetime risk of a RD in a patient with lattice is less than 1 percent.

What if I have Lattice Degeneration?

The management of lattice degeneration is based on an increased understanding of the natural history of this condition. For lattice degeneration without retinal breaks, the risk of RD is very low (less than 1 percent), and therapy is not indicated. If retinal holes are found, the incidence of detachment increases, but only to about 2 percent. Preventive laser therapy for small holes isolated within areas of lattice degeneration is not typically necessary.

When is Treatment Needed? Retinal tears occur when the vitreous gel pulls on a small flap of retina, often producing symptoms of flashes and floaters. Laser therapy is indicated in this setting whether or not lattice degeneration is also present, particularly when the fellow eye



Large hole associated with lattice degeneration

has had a retinal detachment or there is a family history of RD.

What if I've already had a Tear or RD in my fellow eye?

For patients who have had an RD in the first eye and also have lattice degeneration in the fellow eye, many clinicians will advise prophylactic laser therapy in an effort to prevent an RD. The rate of RD in untreated fellow eyes is approximately 5 percent (in patients with myopia and lattice, it may be as high as 25 percent). In one study, prophylactic treatment reduced the risk of RD to 1.8 percent over a seven-year period. In very severe cases the benefit seemed to taper off. Your Retinal Consultants physician will help you decide what's best for your particular situation.

What other conditions could affect my vision?

Myopia is an additional separate risk factor for RD. If the level of myopia is mild, (1 to 3 diopters), there is a fourfold increase in risk over the general population. If myopia is more severe, (greater than 3 diopters) the risk increases considerably. Other abnormalities may also need careful attention. Your retinal consultant will explain what these additional finds mean in your particular situation.