

Retinal Consultants

Retinoschisis

www.retinalmd.com

Office Locations:

Chico

Elk Grove

Grass Valley

Modesto

Roseville

Sacramento

J Street & Greenback

Stockton

Tracy

Vacaville

—
Margaret Chang, MD, MS

David Cupp, MD

Robert A. Equi, MD

Arun C. Patel, MD

Joel Pearlman, MD, PhD

J. Brian Reed, MD

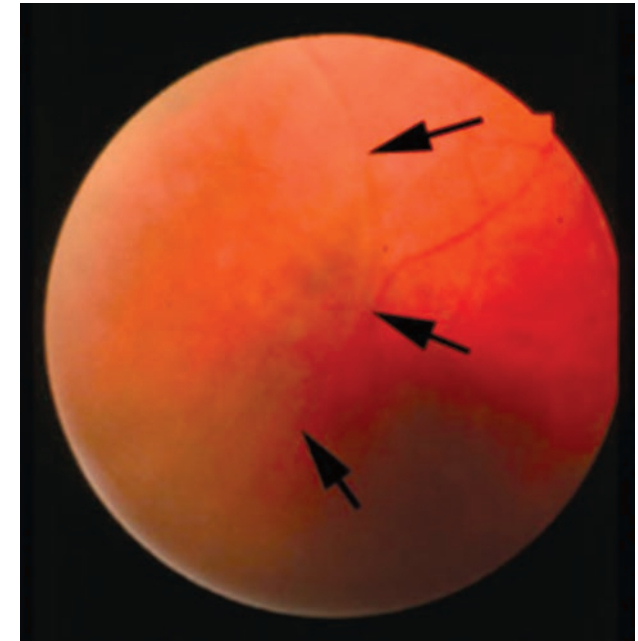
David Telander, MD, PhD

Tony Tsai, MD

Robert T. Wendel, MD

—
Main Number

916/454-4861

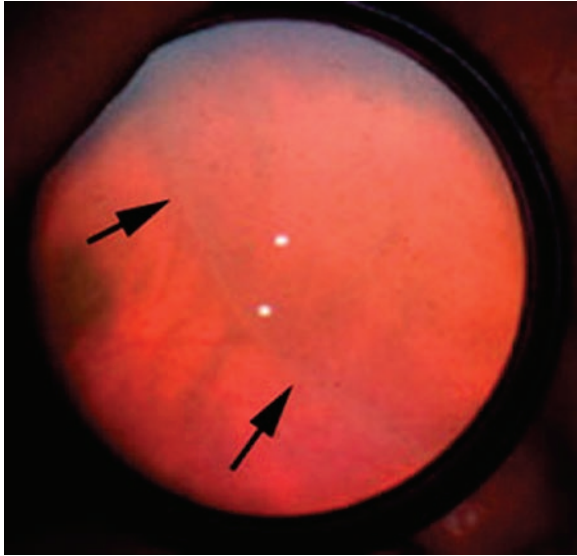


Your
eyes are
irreplaceable.
And there
is no
substitute
for excellence.

Retinal Consultants

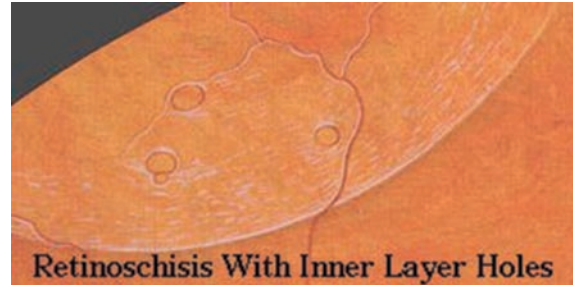


What is Retinoschisis? Retinoschisis occurs when a separation (schisis) develops between the two major layers of the retina creating a blister-like elevation that can



be confused with a true retinal detachment. Retinoschisis usually occurs in the far periphery of the retina and resembles a clear dome that is sometimes difficult to photograph. It is often, but not exclusively a condition of aging.

What causes Retinoschisis? Retinoschisis is observed in about 1 percent of the population and frequently found in both eyes. Aging can cause cysts within the retinal and gradually become complex of interlac-



ing tunnels. If enough cystic spaces coalesce, the retina will form a retinoschisis, splitting into an inner and outer layer cavity. The retinal layers closest to the eye's interior comprise the inner layer, while the deeper layers of the retina represent the outer layer of the retinoschisis cavity. The outer layer of the retina stays adherent to the back wall of the eye while fluid balloons up the inner layer. Over time, the "schisis cavity" may develop holes in one or both layers.

What are the symptoms? Retinoschisis is asymptomatic except in those who develop either very extensive schisis cavities or retinal detachment (see below).

How serious is Retinoschisis? Retinoschisis is typically a benign condition that causes no symptoms. In all types of acquired retinoschisis, either the inner layer or the outer layer, or both layers, may develop holes. Should holes develop in the inner layer of the retinoschisis, then liquid vitreous may flow into the fluid cavity. This doesn't change the prognosis. If there are outer layer holes as well, then liquid vitreous could work its way under both retinal layers and cause a retinal detachment. Fortunately this occurs very rarely. The risk of progression to retinal detachment in retinoschisis with double layer holes is 0.25 to 1.4 percent. The risk of detachment without double layer holes is nearly zero.