



[Macular holes: classification, epidemiology, natural history and treatment.](https://arctichealth.org/en/permalink/ahliterature187357)

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Abstract: Macular hole is a retinal disease primarily affecting elderly women. Its overall prevalence in the Danish population is estimated to be 0.14%. The majority of cases are unilateral. The fully developed macular hole evolves through a series of stages starting with an impending hole. About half of impending macular holes regress spontaneously. The remaining half progress to full thickness macular holes. In a patient with a macular hole in one eye, the risk of development of a macular hole in the fellow eye is less than 2% if posterior vitreous detachment is present. If the posterior vitreous is attached, the risk is approximately 15%. If an impending hole is found in the other eye, the risk rises to 50%.

Macular hole surgery is able to close full thickness macular holes in approximately 90% of cases. Visual acuity of 20/50 or better can be obtained in approximately half of patients with recent onset of symptoms. Complications include retinal detachment, endophthalmitis, late reopening of an initially successfully closed hole and retinal pigment epithelial abnormalities. Retinal detachment should be expected in less than 5% of cases.

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