A 35-year-old woman presented with a 2-month history of central vision loss in her right eye (OD). At presentation, VA was 20/200 OD and 20/20 in the left eye. Anterior segment examination was unremarkable. Dilated retinal examination showed marked elevation at the macula (main figure) and a temporal optic disc pit OD (inset left). Spectral domain OCT (Spectralis, Heidelberg) confirmed the macular schisis extending from the optic pit with a defect in the inner segment/outer segment junction at the fovea (inset right, top).

A three-port pars plana vitrectomy with hyaloid and internal limiting membrane (ILM) peeling followed by fluid-air exchange was performed. At the 6-month follow-up visit, the macular hole was closed, and VA was 20/30 OD (inset right, bottom).

Optic disc pits are rare congenital defects thought to reflect failure of fetal fissure closure during embryogenesis. Serous macular detachment is a visually debilitating complication of optic disc pit affecting 25% to 75% of patients with optic disc pit.1,4 There is no clear consensus on the management of optic disc pit–associated maculopathy. Treatment approaches for symptomatic maculopathy include combinations of barricade laser, vitrectomy, ILM peeling, and gas tamponade. In this patient, successful anatomic and functional outcomes were achieved after vitrectomy, ILM peeling, and gas tamponade.