# Persistent Cystoid Macular Oedema after cataract surgery: Insights and Implications

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## 1 Introduction

1. Post-operative CMO occurs in 1-3% of patients.
2. Persistent CMO is rare, poorly understood, defined, and managed
3. Risk factors remain largely unknown

## 2 Method

1. Retrospective cohort study of ”CMO” referrals from 2021-2023 in Greater Glasgow and Clyde
2. Age, Sex, PMH, POH, Drug history were collected and correlated with chronicity of CMO

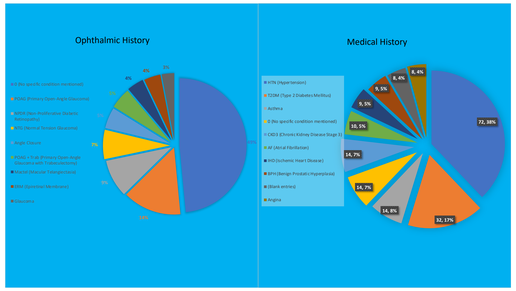
## 3 Results

### Demographics

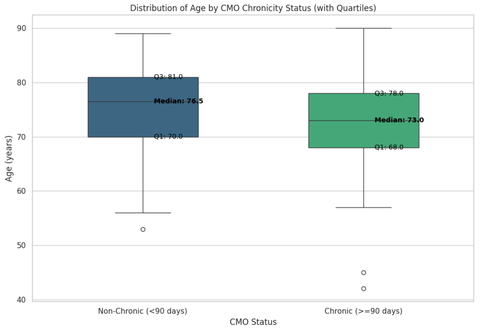
**245 eyes “CMO”**

**82 eyes excluded**
- 42 nAMD
- 24 DMO
- 7 RVO
- 5 Uveitic
- 4 miscellaneous

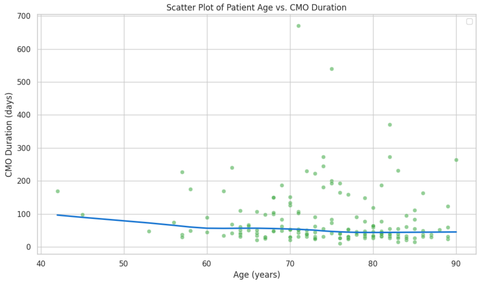
**163 eyes Analysed**




### Correlation between age and chronicity of CMO

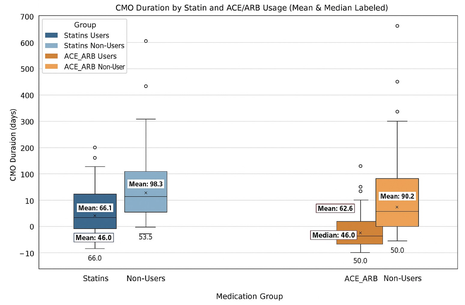



**Point-Biserial Correlation Coefficient: -0.1573; (p: 0.0450)**



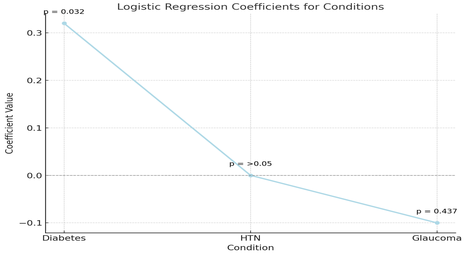

**Spearman Correlation Coefficient: -0.1749; P-value: 0.0256**

### Correlation between Drugs and chronicity of CMO




**Statins shorter duration of CMO; p=0.0237**
**ACE-I shorter duration of CMO; p=0.0238**

### Correlation between PMH and chronicity of CMO




**Only diabetes had a statistically significant correlation with increased chronicity of CMO; p=0.032)**

## 4 Conclusion

1. **Younger age is a risk factor for increased chronicity of CMO, possibly due to increased inflammatory response**
2. **Statins and ACE-inhibitors seem to be protective against developing chronic CMO**
3. **Patients with diabetes are likely to have more chronic post-phaco CMO without evidence of DMO.**