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HUMAN SUBJECTS: Human subjects were included in this study. The human ethics committees at Aichi Medical University approved the study. All research adhered to the tenets of the Declaration of Helsinki. All participants provided informed consent.

No animal subjects were included in this study.

Author Contributions:

Conception and design: Tsuboi

Analysis and interpretation: Tsuboi, Kamei

Data collection: Tsuboi, Sasajima

Obtained funding: Tsuboi

Overall responsibility: Tsuboi, Kamei

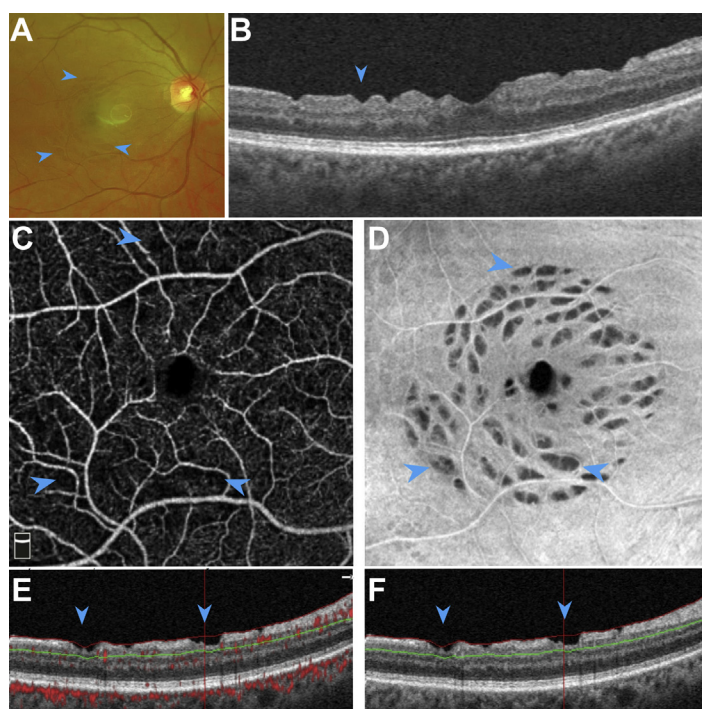
Abbreviations and Acronyms:

BCVA = best-corrected visual acuity; **BRVO** = branch retinal vein occlusion; **CV** = collateral vessel; **DCP** = deep capillary plexus; **FA** = fluorescein angiography; **ME** = macular edema; **NPA** = nonperfused area; **OCTA** = OCT angiography; **RPC** = radial peripapillary capillary; **SCP** = superficial capillary plexus; **VA** = visual acuity; **VD** = vessel density; **VEGF** = vascular endothelial growth factor.

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Pictures & Perspectives



Multimodal Imaging of Dissociated Optic Nerve Fiber Layer after Internal Limiting Membrane Peel

A 60-year-old woman with previous macular hole repair sought treatment for concentric perifoveal spots revealed on fundus photography (A). OCT imaging (B) showed inner retinal dimples (arrowheads). En face OCT angiography (C–D) with decorrelation overlay (E–F) highlighted superficial capillary flow voids within these defects (arrowheads). Dissociated optic nerve fiber layer, a pattern of inner retinal injury after surgical peeling of the internal limiting membrane, is believed to be related to Müller cell trauma. Our patient demonstrated capillary nonperfusion associated with dissociated optic nerve fiber layer findings. Additional research is needed to understand if this is a retinal injury sequela or a risk factor for dissociated optic nerve fiber layer development.

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