

## Introduction

Sub macular haemorrhage results from Choroidal and retinal vessel abnormalities. Sub macular haemorrhage frequently results from a Choroidal neovascular membrane secondary to age-related macular degeneration. Other conditions related to CNVM, including myopia, trauma, ocular histoplasmosis and angioid streaks, also can cause sub macular hemorrhage.<sup>1-3</sup> little, thin SMH can often be observed (See Figure 1), while massive submacular haemorrhages often have a poor prognosis no matter intervention.<sup>1</sup> Thick, medium-sized subretinal hemorrhages that reach under the macula and obscure the underlying retinal pigment epithelium can also cause significant vision loss; however, they are often amenable to treatment. There are a variety of treatments targeted at the removal or displacement of the hemorrhage. Some techniques are office-based, while others are performed in the operating room. Pneumatic displacement of SMH (with and without tissue plasminogen activator [t-PA]) is an office-