<table>
<thead>
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<th>Stage</th>
<th>Characteristics</th>
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| 1-A (impending) | • Loss of the foveal depression and a yellowish foveal spot (100–200 µm in diameter)  
• Localized shallow detachment of the perifoveal vitreous cortex with persistent adherence to the foveola  
• Vitreofoveolar traction may horizontally separate (split) the retina at the fovea (pseudocyst) that corresponds to the yellow spot<sup>21</sup>  
• Epiretinal membranes are uncommon  
• Visual acuity ranges from 20/25 to 20/80  
• Surgical intervention is not recommended |
| 1-B (impending) | • Yellow ring 200–350 µm in diameter  
• Posterior extension of the pseudocyst with disruption of the outer retinal layer<sup>21–23</sup>  
• The retinal roof remains intact with persistent adherence of the posterior hyaloid to the retina<sup>21–23</sup>  
• Epiretinal membranes are uncommon  
• Visual acuity ranges from 20/25 to 20/80  
• Surgical intervention is not recommended |
| 2 | • Small full-thickness (<400 µm in diameter) retinal defect  
• Epiretinal membranes are uncommon  
• Visual symptoms include metamorphopsia and decreased vision  
• Visual acuity 20/25 to 20/80 |
| 3 | • Full-thickness hole ≥400 µm in diameter  
• The posterior hyaloid is separated from the macula but may remain attached at the optic disc and be attached more peripherally<sup>27</sup>  
• An operculum or a flap is present on the posterior hyaloid over the hole and is visible clinically or by means of optical coherence tomography  
• A cuff of subretinal fluid may be detected along with intraretinal edema and cysts  
• Drusen-like deposits* may be occasionally seen in the base of the hole  
• A rim of retinal pigment epithelium hyper/hypopigmentation is often present at the junction between edematous or detached retina and normal-appearing attached retina in long-standing cases<sup>24</sup>  
• Epiretinal membranes may be present  
• Visual acuity usually ranges from 20/100 to 20/400<sup>17,24</sup> |
| 4 | • A full-thickness hole with a diameter usually larger than stage 3 (>400 µm in diameter)  
• A complete posterior vitreous detachment with a Weiss ring<sup>20,23</sup>  
• A cuff of subretinal fluid, intraretinal edema, and cystoid changes are usually present  
• Drusen-like deposits* may be occasionally seen in the base of the hole  
• Epiretinal membranes are more frequent<sup>25</sup>  
• Visual acuity is more profoundly decreased to 20/100 to 20/400<sup>17,24</sup> |

* Drusen-like or yellow deposits may represent macrophages at the level of the retinal pigment epithelium, suggesting chronicity of disease.