

New Therapeutic Approaches for Retinal Telangiectasia

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We present four cases of cystoid macular edema (CME) secondary to retinal telangiectasia: 1 case of Coats disease (adult form), 2 cases of unilateral macular telangiectasia (type 1) and 1 case of bilateral macular telangiectasia (type 2). Three cases were treated with intravitreal triamcinolone (IVTA) 4 mg/0.1cc (two of them were also treated with 1.25 mg/0.05 cc bevacizumab) and one case only with bevacizumab. We describe functional and anatomical follow-up results in patients with retinal telangiectasias treated with intravitreal triamcinolone and/or bevacizumab.

Advantages:

- Avoiding laser scar near fovea.
- Lower risk of increasing laser scar size.
- To treat those cases with macular thickening that prevents a good laser spot.
- To be able to repeat treatments.
- In cases with glaucoma or repeated intravitreal triamcinolone injections, intravitreal Bevacizumab is a good option to prevent increase in IOP and cataract.

Methods:

- Best corrected visual acuity (BCVA) with Snellen test.
- Fluorescein angiography (FA)
- Optical coherence tomography (OCT) with Stratus/ Zeiss.
- Injection method: 30-gauge cannula, measurement 3.5-4 mm. posterior to the limbus injecting 1.25 mg/0.05 cc bevacizumab or intravitreal triamcinolone (IVTA) 4 mg/0.1cc as described in the guidelines published by Aiello et al. in Retina.

Effectiveness / Safety:

All patients, except one, improved VA (1 snellen line) and macular thickness the week after the first injection. Even though most of them improved thickness in the first month, in the second month some of them increased macular thickness and decreased VA. Mean follow-up time was 3 months. There were no complications such as: cataract, glaucoma, retinal tear, retinal detachment or endophthalmitis. Intravitreal bevacizumab seems to be effective and safe in treating macular thickness and VA deterioration caused by macular oedema in retinal telangiectasia.