

Effective Drug Regimen

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Advantages:

Any minimal invasive pharmacosurgical procedure with long-term improvement of vision should be considered to be a first choice treatment modality.

Methods:

As in the case of CNV in ARMD treatment a customized 23 g core vitrectomy (transconjunctival, sutureless "Intrectomy", 0,5 to 10,0 cc) can be combined with intravitreal injection of multiple drugs (triple therapy - TT) for the management of other diseases.

Effectiveness / Safety:

Taking the diabetic retinopathy issue as a sample:

A case-series involved 73 eyes which underwent a TT (1,5 cc cPPV with bevacizumab and triamcinolone), subdivided in group I (n=17) nonproliferative DR with ischemic maculopathy, group II (n=38) nonroliferative DR without ischemic maculopathy and group III (n=18) proliferative DR. Mean f/u was 3, 6 and 10 months. The necessity for laserphoto-coagulation, full PPV or TT retreatment was evaluated.

At baseline, mean BCVA was 0.16 (group I), 0.34 (group II) and 0.28 (group III). We observed a gain of BCVA in group I: 0.08 (3months), 0.07 (6months) and 0.05 (10months, $p>0.2$, Friedman); in group II: 0.06, 0.125 and 0.048 ($p<0.05$); in group III: 0.1, 0.056 and a BCVA loss of 0.008 ($p=0.4$) after 10 months. Over the 10 months observation period, the TT retreatment rate was in the 5,0 to 55,0 % range. IOP rise occurred in 12/73 cases (16%) and was managed with eye drops. Central macular thickness decreased significantly in all 3 groups ($p<0.05$). There was no incidence of endophthalmitis and/or RD.

Evidence suggests that pharmacosurgical drug synergism leads to the vision gain in 65% of our diabetic patients. By increasing the volume of core vitrectomy, the likelihood of further treatment might be even reduced.

Thus "our way» of minimal invasive pharmacosurgery leads to a sustained result in our patients.