

## **Pharmacological Release of Vitreomacular Traction Using**

*Authors: Peter Stalmans, Marc De Smet, Christophe Delaey*

### **Advantages:**

Vitreomacular traction (VMT) with decreased visual function is a common indication to perform a vitrectomy. Pharmacologic release of the traction from the fovea may omit the need to perform a vitrectomy in these cases.

### **Methods:**

Patients were included in a phase II randomized double-masked clinical trial with control sham injections. Increasing doses of microplasmin (75, 125 or 175 µg) were injected intravitreally at baseline in three cohorts of 15 patients (12 active: 3 sham per cohort). Patients were examined at several time intervals up to six months after the injection with optical coherence tomography (OCT) and ultrasound B-scan to determine the adherence of the posterior vitreous on the macula, and the occurrence of a posterior vitreous detachment from the retina.

### **Effectiveness / Safety:**

Microplasmin was found to be an effective and safe agent to induce a release of vitreomacular traction, and subsequent increased visual acuity in all doses examined. Full 6 month follow-up results will be shown of the first two cohorts, and one month follow-up data of the third cohort. Encouraging results from this trial support continued clinical development of microplasmin for nonsurgical treatment of vitreomacular traction.