

Treatment of Non-AMD (Myopic, Inflammatory, Angioid Streak...) Subfoveal Choroidal New Vessels with Intravitreal Anti-VEGF Instead of Photodynamic Therapy

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Advantages:

Intravitreal anti-VEGF therapy appears very effective to treat AMD choroidal new vessels and shows no choroidal ischemia and does not induce VEGF upregulation when compared to photodynamic therapy (PDT). Therefore, intravitreal anti-VEGF could be also an effective treatment in non-AMD CNVs and was evaluated in this study.

Methods:

Case series. Presentation of 22 myopic, 12 inflammatory, 1 telangiectasia-related, 4 angioid streaks and 1 idiopathic CNVs that were treated with intravitreal bevacizumab or ranibizumab either initially or after recurrence post PDT. Visual acuity (ETDRS), fluorescein and indocyanine angiography, Stratus OCT and Spectralis OCT were evaluated initially and after treatment.

Effectiveness / Safety:

After anti-VEGF treatment, visual acuity improved in 85% of cases with a mean improvement of 2 ETDRS lines after a mean follow-up of 8 months. Choroidal new vessels were occluded after a single anti-VEGF injection in 82% of myopic and 75% of inflammatory choroidal new vessels. No significant complication of intravitreal injection was observed. Moreover, Spectralis OCT analysis showed a hyperreflective component associated with classic active CNV, that disappeared after CNV occlusion. In case of reappearance this finding was a predictive sign of CNV recurrence. Effectiveness / Safety: Despite of a possibly higher risk of retinal complications by intravitreal injections in young patients and high myopes, intravitreal anti-VEGF injections show a better anatomical and visual prognosis and should be used as first line treatment of non-AMD CNV's rather than PDT.