

Effects of anti-VEGF therapy versus triamcinolone intravitreal injection on non ischemic macular edema of BRVO

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Advantages:

Effects of intravitreal ranibizumab injection are more efficient than intravitreal triamcinolone injection on non-ischemic macular edema of BRVO.

Methods:

In a prospective randomised clinical trial, 50 eyes of 50 patients with non-ischemic macular edema of BRVO were included. Eligible eyes were assigned to 0.05mg ranibizumab(25 eyes) or 0.05cc triamcinolone(25 eyes). Central macular thickness (CMT) and visual acuity changes at week 4 and 12 were assessed.

Effectiveness / Safety:

The mean age of the patients was 57 +/- 7 years. At week 4 all two groups showed significant reduction in CMT but reductions for ranibizumab were significantly more than triamcinolone($P<0.05$). At week 12, response was not stable for triamcinolone, but ranibizumab maintained its reductive CMT($P<0.05$). At week 4, visual acuity improvement was significantly more in ranibizumab than triamcinolone. At week 12, visual acuity was not significant different in two groups. No patient developed uveitis or endophthalmitis.

Take home message:

intravitreal ranibizumab injection on macular edema of BRVO is more efficient than triamcinolone injection, because of ranibizumab's direct action on angiogenesis and vascular stability