

Evaluation of intravitreal injection of triamcinolone acetonide in treatment of macular edema secondary to BRVO

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Advantages:

To evaluate the efficacy and safety of intravitreal triamcinolone acetonide (IVTA) for the treatment of macular oedema associated with branch retinal vein occlusion (BRVO).

Methods:

Thirty-four eyes with macular edema associated with BRVO. Patients were classified into two groups according to the nature of macular oedema, group I: perfused macular oedema and group II: ischemic macular oedema, both groups received four milligrams of IVTA. Best corrected visual acuity (BCVA), intraocular pressure (IOP), central macular thickness (CMT) by optical coherence tomography (OCT), fundus fluorescein angiography (FFA), and treatment-related complications were assessed for 12 months.

Effectiveness / Safety:

In both groups, the median BCVA improved significantly at first week, first month and third month post-injection and decreased slightly at six months but remained significantly higher than the baseline. CMT had significantly decreased at first week, first month and third month post-injection and increased slightly at six months but remained significantly lower than the baseline. However, mean CMT values were significantly lower in group I than in group II at each time-point.

Take home message:

IVTA injection seems to be an effective treatment for macular oedema secondary to branch retinal vein occlusion. There are both anatomic (regarding OCT and FFA and functional (regarding visual acuity) improvements with intravitreal injection of triamcinolone acetonide in the treatment of BRVO. However it is more effective in cases associated with perfused macular oedema than in those associated with ischemic macular edema.