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Photodynamic Therapy for Subfoveal Predominantly Hemorrhagic Choroidal Neovascular Lesion Secondary to Age-related Macular Degeneration

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PURPOSE
Large randomized clinical trials of laser photocoagulation, photodynamic therapy (PDT) with verteporfin and antiangiogenic drugs have not included predominantly hemorrhagic subfoveal CNV lesions (PHSCNV). Submacular surgery did not increase the chance of stable or improved VA. Therefore we wanted to evaluate the efficacy and safety of PDT for PHSCNV
secondary to AMD.

METHODS
Twenty-one eyes of 21 patients (age 75.9±7.9) were reviewed with PHSCNV secondary to AMD. Lesions were classified as classic in 1 case, minimally classic in 6, and occult in 14. Preoperative best-corrected visual acuity (BCVA) was 0.53±0.43 (20/66, range 0.1-1.6), and total area of lesions was 9.85±7.7 mm2.

RESULTS
After 3 to 67 months (mean, 18.8±15.5 months), and 1 to 4 treatments (mean,1.86±0.91), area
of PHSCNV remained stable at 10.8±7.1 mm2 (p=0.96). BCVA decreased to 0.76±0.61 (20/115, range 0.1-2, p=0.16). Nine eyes (42.9%) lost ?3 Snellen lines, 1 eye (4.8%) lost 1 to 2 lines, 3 eyes (14.3%) maintained their initial VA, and 8 eyes (38.1%) gained 1 or more lines of BCVA. A severe VA loss occurred in 4 eyes (19%). RPE tear, choroidal folds, new hemorrhage and chorioretinal atrophy occurred in 1 case each.

CONCLUSION
Results of PDT for PHSCNV secondary to AMD appear to be variable. Considering that no proven treatment exist for lesions with dense subretinal blood, PDT might be a treatment option.