

## Comparison of Photodynamic Therapy Combined with Immediate Versus Delayed Intravitreal Triamcinolone Acetonide for Choroidal Neovascularization

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### PURPOSE

To examine the 12-month results of a group of patients treated with combined photodynamic therapy (PDT) with verteporfin and intravitreal triamcinolone acetonide for choroidal neovascularization (CNV).

### METHODS

Retrospective analysis of noncomparative case series of 54 eyes with CNV which were treated with 4mg (1 week after PDT) or 20mg/0.1ml of IVTA along with PDT. Detailed ophthalmic examination, Snellen visual acuity and fluorescein angiography was performed at all visits. Main outcome measures included closure of CNV and changes in visual acuity. Complications and retreatment rates were studied.

### RESULTS

Resolution of fluorescein leakage from CNV was noted in 74% eyes, while decrease in subretinal fluid was noted in 18.5% eyes. The mean visual acuity at 12 months in 20mg immediate IVTA group was  $0.33 \pm 0.20$  as compared to  $0.22 \pm 0.16$  at baseline ( $p < 0.05$ , paired t-test). However, at 12 months, the mean visual acuity with 4mg delayed IVTA group was  $0.23 \pm 0.27$  as compared to  $0.21 \pm 0.21$  at baseline ( $p > 0.5$ ). The mean change in visual acuity was  $0.14 \pm 0.14$  in immediate 20mg IVTA groups versus  $0.02 \pm 0.28$  with 4mg delayed IVTA group ( $p < 0.05$ , unpaired t-test). Stable vision was noted in 81% eyes, with 21% eyes gaining 2 or more Snellen lines. Retreatment was required in 3/36 eyes in the immediate IVTA group and in 3/18 eyes in delayed IVTA group. Increased intraocular pressure was seen in 28-31% eyes. All such eyes were managed successfully with medications only. No eyes developed endophthalmitis or vitreous hemorrhage.

### CONCLUSION

Combined treatment with PDT and immediate IVTA appears to be an effective treatment for CNV. Use of IVTA may reduce the need for second PDT and results into better gain in visual acuity.