

Avastin Adjuvants in CNV Surgery

Joerg C. Schmidt, MD (Marburg, Germany), Jörg Christian Schmidt, PD, MD (Marburg, Germany), Stefan Mennel, MD (Marburg, Germany), Carsten Meyer, PD, MD (Marburg, Germany), Stefan Hoerle, MD (Marburg, Germany)

PURPOSE

Subretinal CNV extraction and macular transposition can be offered to selected patients as a treatment option. When this surgery was first used, the development of PVR was the main postoperative complication, now CNV recurrence is the major problem.

METHODS

During the last 12 years, we performed subretinal surgery in over 160 eyes with CNV and macular transposition with a 360° retinotomy and bulbar counter rotation in 69 eyes. Patients with a CNV and a visual acuity of less than 0.5, who could not be treated with laser or PDT or in whom the initial therapy was not successful, were included in the study. Since 3 months we apply 1,2 µg of avastin perioperatively to prevent recurrence of CNV. During the follow-up time we performed VA-testing, fluorescein angiography and optical coherence tomography.

RESULTS

Reading visual acuity is rarely achieved following subretinal surgery, while one third of patients having undergone macular rotation could read again following the procedure. When first starting with macular rotation we observed PVR retinal detachment as the major complication. On the long run we observed up to 10% recurrences of CNV membranes after either technique, that had to be treated by laser, PDT or repeat subretinal surgery. No complications were observed for the additional use of avastin.

CONCLUSION

In patients with AMD and a rapid visual acuity loss due to a subfoveal CNV, that cannot receive PDT, a simple subretinal membrane extraction or a macular translocation may be considered. While there is a risk of PVR in the early postoperative phase, CNV recurrence seems to be the major complication on the long run. An avastin assisted treatment may help to achieve and keep good results.