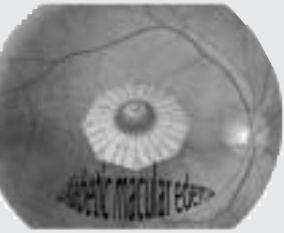


## SYMPOSIUM: DIABETIC MACULAR EDEMA

Moderators: Stephen Sinclair, Martine Mauget-Faysse, Silvia Bopp, Ferenc Kuhn

Tuesday, September 14, 2004 ; 8:00 - 3:10



### Vitreotomy with intravitreal steroid

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#### **Purpose:**

To evaluate the efficacy, safety and effectivity of vitrectomy with ILM peeling combined with intravitreal triamcinolone injection for diffuse diabetic macular edema.

#### **Methods:**

Retrospective analysis of 5 patients which underwent vitrectomy with ILM peeling along with intravitreal triamcinolone injection was performed. All patients underwent thorough systemic evaluation and treatment for any associated diabetic micro/macrovasculopathy especially nephropathy. Ophthalmic examination included best-corrected visual acuity, intraocular pressure measurement, slit lamp examination, gonioscopy and fundus examination with both slit lamp biomicroscopy and indirect ophthalmoscopy along with FFA and OCT. Ischaemic maculopathy and vitreomacular traction were ruled out using above investigation. All patients underwent the above-mentioned examination preoperatively and during follow up.

#### **Results:**

The average follow up time was 9 months (4–11) months. Visual acuity improved by at least 2 Snellen lines in 4 patients (80%) with an average improvement of 3 Snellen lines. 2 patients improved to 6/9 and 1 patient to 6/6, which was maintained until, last follow up. No unwanted preoperative complication occurred. 1 patient developed increase in intraocular pressure, which was controlled with medical treatment.

#### **Conclusion:**

Diabetic macular edema, especially the unresolving diffuse 1, can be treated with the combined approach of vitrectomy with ILM peeling along with intravitreal triamcinolone with good visual outcome. However the number of patients in this study is limited and this modality needs further evaluation.

#### **Take home message:**

Intravitreal steroid along with complete vitrectomy and ILM peeling can become the first line of treatment especially for patient with unresolving diffuse macular edema.