[Dexamethason implant in the treatment of macular edema in retinal vein occlusion and intraocular inflammatory disease]

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BACKGROUND
The efficacy of a single dose of Ozurdex® was evaluated over a 6-month period in eyes with macular edema due to retinal vein occlusion and intraocular inflammatory disease.

HISTORY AND SIGNS
20 eyes of 20 consecutive patients with macular edema received a single injection of Ozurdex® (intravitreal dexamethasone implant 0.7 mg). Patients with branch retinal vein occlusion (n = 11), central retinal vein occlusion (n = 6), non-infectious posterior uveitis (n = 1) and Irvine-Gass Syndrome (n = 2) were included. In 10 patients Ozurdex® was used as the first treatment, 10 patients had undergone previous treatments for macular edema. The mean duration from the symptoms to the initiation of the treatment was 14.2 (1-60) months. The follow-up measurements were performed 1, 3 and 6 months after treatment. The main interest of the study was the visual and structural development over the duration of 6 months after a single dose of Ozurdex® with outcome measures including changes in best-corrected visual acuity and central retinal thickness.

THERAPY AND OUTCOME
At baseline, the mean best-corrected visual acuity of all patients was 50 (± 16) ETDRS letters and the mean central retinal thickness was 632 (± 168.3) microns. Mean follow-up time was 3.4 (± 1.5) months and 7 patients dropped out during the follow-up period (4 patients after 3 months, additional 3 patients after 6 months). One month after treatment, 14 out of 20 patients (70%) showed a complete regression of macular edema, and in 6 cases (30%) it was partially recurrent. The mean best-corrected visual acuity improved to 56 (± 20.8) ETDRS. Central retinal thickness showed a mean decrease to 278 (± 84.9) microns. 6 months after treatment, recurrence was observed in 9 cases out of the remaining 13 patients (69.2%). In 3 cases, macular edema persisted (23.1%) and in one case (7.7%) the macula remained dry. The mean best-corrected visual acuity was 55 (± 13.9) ETDRS letters. The mean central retinal thickness decreased to 603 (± 174.6) microns.
CONCLUSIONS
Ozurdex® showed a good effect in the treatment of macular edema one month after its application, namely a temporary decrease in central retinal thickness and a corresponding increase in best-corrected visual acuity. 6 months after treatment, the recurrence rate was high, and only one person with a branch retinal vein occlusion remained relapse-free over the entire follow-up. Based on our data, the patients should be checked at the latest after 3 months and then monthly in order to detect relapse in time and to initiate another treatment if needed.