[Visual acuity and magnification requirement after ranibizumab in patients with wet age-related macular degeneration]

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BACKGROUND
The purpose of this study was to examine the visual outcome by measuring visual acuity (VA) and magnification requirement (MR) in patients with wet AMD after repeated intravitreal injections of ranibizumab.

PATIENTS AND METHODS
A total of 195 eyes were treated with repeated intravitreal injections of ranibizumab "as needed". VA (Snellen chart) and MR (SZB reading chart) at baseline of 114 eyes with occult or minimally classic lesions, 42 eyes with predominantly classic lesions and 39 with retinal angiomatous proliferations (RAP) were compared at 3 and 6 months after beginning of treatment.

RESULTS
The whole group of 195 patients with wet AMD (688 intravitreal injections within 6 months) demonstrated a mean improvement of VA of 0.72 lines after 3 months \( (p < 0.001) \) and 1.54 lines after 6 months \( (p < 0.001) \) and a mean improvement of MR of 0.59 log units after 3 months \( (p < 0.001) \) and 0.73 log units after 6 months \( (p < 0.001) \). Mean change in VA after 3 and 6 months demonstrated a significant improvement \( (p < 0.001 \text{ to } p < 0.05) \) for eyes with occult CNV \(+ 0.8 / + 1.6 \text{ lines}) and RAP \(+ 1.2 / + 1.9 \text{ lines}) whereas mean improvement in VA for classic CNV \(+ 0.02 / + 0.87 \text{ lines}) did not reach significance compared to baseline. Comparable results were obtained for the mean change of MR after 3 and 6 months for eyes with occult CNV \(+ 0.75 \text{ log units} / + 0.92 \text{ log units})

CONCLUSION
Apart from eyes with classic CNV, in more than 90 % of the eyes both VA and MR remained stable or improved (loss < 3 lines in VA or deterioration of MR of < 3 log units). Although 45 % of the eyes with predominantly classic CNV had received photodynamic therapies with Verteporfin prior to the intravitreal injections with ranibizumab, MR remained stable in 80 % over 6 months.
With repeated injections of ranibizumab "as needed", VA could be improved as well as MR could be lowered in a majority of patients with wet AMD and therefore reading ability could be optimized. Over 6 months the treatment frequency was lower compared to the monthly administration.

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