AFLIBERCEPT A SAFE AND EFFECTIVE THERAPY IN REFRACTORY RANIBIZUMAB CASES: ONE YEAR EXPERIENCE
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PURPOSE: To analyze the efficacy and safety of aflibercept in patients with macular lesions refractory to ranibizumab
MATERIAL AND METHODS: 42 eyes of 39 patients that had partial or any response to ranibizumab were treated
with intravitreal aflibercept. All patients were followed monthly and underwent a complete ophthalmological examination
including best corrected visual acuity (BCVA), and optical coherence tomography (OCT); fluorescein angiography was
done in every case before switching to aflibercept and during the follow if necessary. Patients were considered
"refractory" (persistent/ increase of fluid in OCT after, at least, 3 monthly injections of ranibizumab) or "recurrent"
(patients with satisfactory response to ranibizumab with recurrence of fluid when treatment was stopped requiring
continuous injections).
RESULTS: 8 eyes were including in the refractory group and 34 in the recurrent. Regarding the pathology 39 eyes
had chroidal neovascularization associated to wet aged-related macular degeneration (35) or myopia (4) and 3 atypical
central serous corioretinopathy that did not respond to neither photodynamic therapy nor intravitreal ranibizumab.
All cases responded to intravitreal aflibercept and had complete resolution of subretinal fluid that could be
confirmed by OCT; only one eye included in the refractory group had recurrence of fluid after the loading phase
without any response to following injections and a PDT was performed. In the group with recurrent lesions the
treatment intervals could be extended in all cases with maintenance of BCVA. The retinal pigment epithelial
detachment subgroup deserves a special mention due to the remarkable response to aflibercept showed in OCT, visual
acuity or both.
CONCLUSIONS: Intravitreal aflibercept was a safe and effective treatment in cases that had only a partial or lack
of response to ranibizumab. More studies with longer follow-up and more patients are needed to better understand its future
applications in both naive and refractory/recurrent cases and the real retreatment interval to obtained the best possible results
with the fewer injections as possible.