OCULAR SIDE EFFECTS AFTER INTRAVITREAL RANIBIZUMAB INJECTIONS IN PATIENTS WITH WET AGE-RELATED MACULAR DEGENERATION

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Purpose: To present complications associated with intravitreal injection of ranibizumab performed in a tertiary eye clinic of relatively rural area.

Methods: The clinical records of consecutive patients having one or several intravitreal injections in 200 eyes of 146 patients that constituted of last treated consecutive eyes for wet age-related macular degeneration (AMD) in Afyon Kocatepe University Medical School Department Ophthalmology were retrospectively reviewed by file screening to reveal post-injection complications. All patients were treated by intravitreal 0.5 mg ranibizumab injection. Data from patient files were recorded and assessed.

Results: Mean age of 75 male and 71 female patients were 64.28±12.0. Mean number of injections per eye was 4.5±1.2. The most seen side effect was temporary intraocular elevation (8 injections) without persistence after short-term medication. Mild anterior chamber reaction controlled by topical steroids was seen in 6 eyes. One patients developed reduction in intraocular pressure near the hypotony border. Subconjunctival hemorrhage was occurred in 4 eyes. Rupture of retinal pigment epithelium was seen in one eye. Two cases of endophthalmitis with culture-positive for Pseudomonas in only one eye occurred. Both of two returned to previous vision after the medical treatment in one and after the vitrectomy in the other case. Patients with infectious endophthalmitis presented within the first 72 hours following the intravitreal injection with complaints of pain, redness, and decreased vision. Retinal detachment or tear, subretinal hemorrhage or any other side effects was not observed.

Conclusion: The most important complication following intravitreal injections of ranibizumab was endophthalmitis that is a rare but potentially vision-threatening problem. Prompt treatment with a conventional endophthalmitis management approach may prevent irreversible vision loss.