THE EFFECT OF COMBINED TREATMENT WITH BEVACIZUMAB AND TRIAMCINOLONE FOR DIFFUSE DIABETIC MACULAR EDEMA REFRACTORY TO PREVIOUS INTRAVITREAL INJECTIONS

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Purpose: To evaluate the effect of combined treatment with bevacizumab and triamcinolone in diffuse diabetic macular edema (DDME), which is refractory to previous intravitreal bevacizumab (IVB) and triamcinolone (IVT) injections.

Methods: Eighteen pseudophakic eyes without vitreomacular interface abnormalities, and with refractory DDME (central macular thickness: CMT, +/- 500 micrometer) to previous successive IVB (1.25 and 2.5mg/0.1ml) and IVT (4 mg and 20mg/0.1ml) injections were included.

Results: Median age was 61.3(49-78). All had nonproliferative diabetic retinopathy and refractory DDME, which was not suitable (CMT +/- 500 micrometer) for performing macular grid/focal laser. Mean 6.1 (1-12) IVB, and 2.7 (1-8) IVT injections had been performed before enrollment. At the 6th month visit of the combined treatment, 14 (77.7%) eyes had visual stabilization (final VA within ±0.2 logMAR of baseline VA) and 4 (22.2%) eyes visual gain; 7 eyes (38.8%) had decrease in CMT and 11 (61.1%) eyes stabilization (decrease <50% of the baseline CMT). LogMAR visual acuities of 1.01 before combined treatment increased to 0.78 (p=0.001), and mean CMT of 697.83 micrometer decreased to 313.1 micrometer (p=0.001) after mean 1.6 (1-3) injections during 6 months follow-up. No additional complication occurred during the combined treatment period.

Conclusions: Injection of triamcinolone combined with bevacizumab may improve vision and decrease CMT in DDME refractory to previous monotherapies.