Purpose: To evaluate the visual outcome, and number of injections in managing neovascular age-related macular degeneration (nAMD) with intravitreal (IV) ranibizumab.

Materials and Methods: The records of 92 eyes with treatment-naive nAMD were reviewed retrospectively. All eyes had standard 3 injection of IV ranibizumab and subsequently retreated according to the visual acuity, funduscopic and OCT findings during the monthly follow-up visits.

Results: The mean age was 70.7 ± 8.8; mean follow-up was 18.5±7.6 (8-42) months. Forty-five (48.9%) eyes were stabilized after 3 injections (Group 1) but re-injections were necessary in 47 eyes (51.1%) (Group 2). Mean visual acuity score was 48.1 ± 18.3 letters before treatment, 63.4± 14.4 after 3 injection (16.4 ± 13.7 letters from baseline) in group 1 and 52.9 ± 20.4 (12.9 ± 7.0 letters from baseline) in group 2, and 51.0 ± 17.3 in the last visit (19.2 ± 1.3 ) in group 1 and 46.0 ± 22.8 (24.8±0.5- ) in group 2. In average eyes received 4.4 ±1, 9 (range 3-11) injections.

Conclusion: Initial 3 loading dose of IV ranibizumab therapy was effective and sufficient in nearly half of the patients with neovascular age related macular degeneration. With a mean of 4.4 ranibizumab injections, mean visual acuity was stabilized but not increased. Additional injections based on clinical assessment do not appear to be adequate in maintaining the initial gain obtained after the first three, monthly injections.