INTRAVITREAL DEXAMETHASONE IMPLANT IN DIABETIC MACULAR EDEMA REFRACTORY TO ANTI-VEGF TREATMENT

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Purpose: To evaluate results of dexamethasone intravitreal implant (Ozurdex⁸) in eyes with diabetic macular edema (DME) nonresponsive to three consecutive monthly intravitreal injections of ranibizumab. Methods: Eight eyes of 8 patients with DME treated with Ozurdex and 12-month outcomes were evaluated retrospectively. Slit-lamp and fundus examination and outcomes including best corrected visual acuity (BCVA), central macular thickness (CMT), intraocular pressure (IOP) were performed at baseline, 1st, 2nd, 3rd, 6th, 8th, 10th and 12th months. Retreatment eligibility required CMT of 350 µ. Results: Median LogMAR BCVA improved from 0.91 at baseline to 0.85, 0.76, 0.85, 0.76, 0.70, 0.60 and 0.70 at 1st, 2nd, 3rd, 6th, 8th, 10th and 12th months control visits (p=0.075, p=0.066, p=0.027, p=0.035, p=0.236, p=0.123 and p=0.046 respectively). Median CMT decreased from 665 µ at baseline to 379 µ, 275 µ, 293 µ, 296 µ, 364 µ, 308 µ and 308 µ at 1st, 2nd, 3rd, 6th, 8th, 10th and 12th months control visits (p=0.093, p=0.012, p=0.036, p=0.012, p=0.012, p=0.05 and p=0.208 respectively). Mean number of treatments received over 12 months was 1.5. Two eyes had cataract progression, which operated 6 and 10 months after the injection. Mild and transient intraocular pressure (IOP) elevations were observed in 2 eyes and treated with topical IOP lowering agents. Conclusion: Injection of dexamethasone intravitreal implant is effective and safe in treatment of diabetic macular edema refractory to anti-VEGF treatment.