Letters to the Editor

Initial experience with aflibercept in the management of patients with wet age-related macular degeneration refractory to ranibizumab and/or bevacizumab

Experiencia inicial con aflibercept intravítreo en la degeneración macular asociada a la edad exudativa refractaria al tratamiento con ranibizumab o bevacizumab

Dear Sir,

Age-related macular degeneration (ARMD) is the main cause of vision loss in elderly inhabitants of industrialized countries. The most severe visual loss occurs in the wet or exudative form of ARMD. VEGF-inhibiting drugs administered through intravitreal injection, both ranibizumab (Lucentis®, Genentech, South San Francisco, CA, USA), which was approved for this use, and bevacizumab (Avastin®, Genentech, South San Francisco, CA, USA) for compassionate medication, have significantly changed the evolution and visual prognosis of ARMD patients.

In any case it is necessary to find new therapies that provide efficacy rates at least equivalent to the monthly administration of ranibizumab, to reduce both the number of visits and injections.

Aflibercept, a new therapy also known as VEGF-trap, is capable of inhibiting several growth factors. Pivot studies VIEW 1 and 2 demonstrated that 2-monthly administration of aflibercept was not inferior to the monthly administration of ranibizumab.

The authors present their initial experience with intravitreal aflibercept (Eylea®). The objective of the study was to assess the anatomic and visual effect of a single intravitreal aflibercept injection in exudative ARMD patients.

The authors carried out a retrospective study at the Ophthalmology Service of the General Hospital of Valencia which includes 10 eyes of 10 different patients with a mean age of 79±8 years, with a diagnosis of active exudative ARMD despite having received previous treatment with intravitreal ranibizumab or bevacizumab injections (the number of received injections was 6±4, ranging between 3 and 15). A sign of activity was considered to be the persistence or recurrence of intra- or subretinal fluid, the presence of new hemorrhages in the fundus and persistent diffusion of the neovascular membrane in intravenous angiofluorescein graph.

The exploration methods applied were best corrected visual acuity (BCVA, ETDRS optotypes) and qualitative and quantitative analysis of images obtained with OCT (OCT 3-D, Topcon Corporation, Tokyo, Japan). The Wilcoxon test for paired non-perimetric variables was applied for statistical purposes, with a value of p < 0.05 being considered as statistically significant.

All the patients received a single aflibercept injection. The mean follow-up time was 37.3±5 days. Even though visual improvement was not statistically significant (p = 0.27), up to 30% of patients obtained a visual improvement of one or more lines. In what concerns changes observed by means of OCT, a statistically significant reduction was observed (p = 0.0019) in the foveal thickness (μ), which went from a mean value of 315.7 ± 83.5 to 231.7 ± 45.6. In addition, a positive anatomic response was found in 100% of patients, with complete resolution (absence of fluid) in 80% of these (Fig. 1).

Accordingly, we are dealing with a new drug for treating exudative ARMD with an action mechanism which is different to that of existing drugs and which, in preliminary

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Charles Bonnet syndrome and the association with dementia

Síndrome de Charles Bonnet y la asociación con demencia

Dear Sir:

The Charles Bonnet syndrome (CBS) is a clinical condition characterized by the appearance of visual hallucinations in patients with major visual deterioration and preserved cognitive conditions. It is estimated that the prevalence of visual hallucinations could exceed 50% in patients with severe eyesight conditions. However, case studies demonstrate a prevalence of 1.84–3.15% due to lack of knowledge by the physician and the fear patients have of being considered mentally deranged.3

The cause of said hallucinations is unknown. However, there are some triggering factors such as fatigue, stress, poor lighting and glare. In addition, CBS has been associated to social isolation, cognitive defects, sensory deprivation and poor quality of social contact. Various theories have been proposed to explain the origin of hallucinations in CBS. Diminished visual acuity produces a reduction in brain cortex stimulation which does not disappear completely as in the case of blindness. Residual afference could trigger deafferentiation with histological, biochemical and anatomical changes in the synapses in order to offset for stimulation, producing hyper excitable synapses.1

Some authors have related the appearance of CBS as a stage of evolution towards dementia.1–3 The factors that could contribute to this evolution include the onset of cognitive decline, sleep cycle alterations, depression and its extended duration.4

The paper presented by the authors at the “LXV meeting of the Neurology Society of Spain (Barcelona, November 19–23, 2013) under the title “Cognitive Deterioration Incidence Study in Charles Bonnet Syndrome Patients”, analyzed the evolution of

References


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