Switching to eylea in macular edema due to retinal vascular diseases

Cambio a eylea en edema macular debido a enfermedades vasculares de la retina

Dear Editor:

The arrival of aflibercept adds a new player to the treatment strategy for exudative macular diseases. The VIEW study proved that bimonthly intravitreal aflibercept injections were non-inferior to monthly ranibizumab injections in patients with treatment-naïve neovascular age-related macular degeneration (ARMD).\(^1\) Various studies followed that paper analysing the role of aflibercept in cases of neovascular ARMD with suboptimal response to bevacizumab or ranibizumab.\(^2\)

More recently, pivotal clinical trials showed aflibercept efficacy in patients with diabetic macular edema (DMO).\(^3\) Given that they were not comparative studies, the role of aflibercept for DMO compared to ranibizumab warrants additional studies. Nevertheless, given that most patients with neovascular ARMD with suboptimal response to ranibizumab respond to aflibercept, one can reasonably assume that the same outcome may be obtained after shifting to aflibercept for DMO.

We have carried out a prospective pilot study of DMO cases with persistent or recurrent macular thickening despite multiple intravitreal ranibizumab injections in combination with macular photocoagulation. Seven eyes from 4 patients (2 male and 2 female patients; mean age: 62.6 years) were included. Patients had received 13.7 ± 5.2 intravitreal injections of ranibizumab over a previous period of 41.5 ± 19.3 months of follow-up. The mean decimal visual acuity (VA) was 0.27 ± 0.2 and the central subfoveal thickness (CST) was 564.29 ± 131.3 μm, after 42.3 ± 19.5 days since the last injection of ranibizumab. All the cases were shifted to monthly intravitreal injections of aflibercept. After 2.71 ± 0.5 intravitreal aflibercept injections administered over the next 8.14 ± 2.2 weeks, mean VA increased to 0.36 ± 0.2 (p = 0.071) and the CST decreased to 356.71 ± 161.5 μm (p = 0.007).

These promising data are the result of a non-comparative pilot study in a small number of cases; this should be taken into account before assuming that aflibercept could be useful in DMO patients with suboptimal response to ranibizumab. Further studies are required to confirm our preliminary data.

References


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