

When to start and when to change

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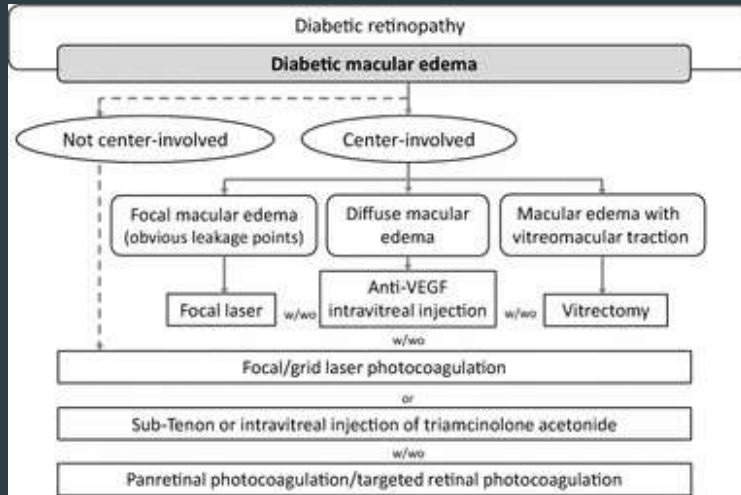
Ending is point

≤ 3 / 60



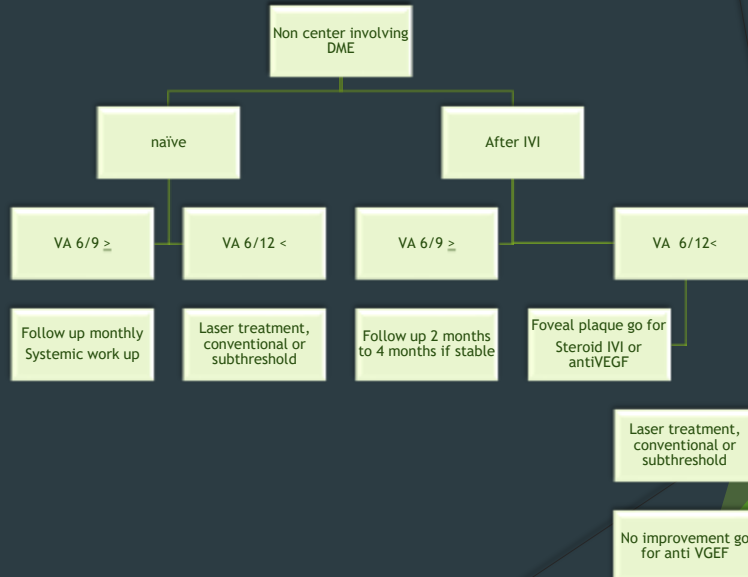
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Japanese guidelines



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Indian guidelines



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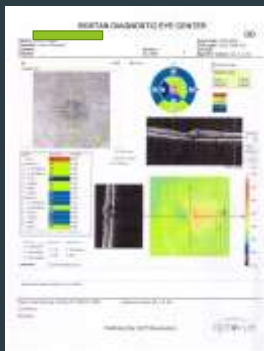
Indian guidelines



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Patient 1

Central edema



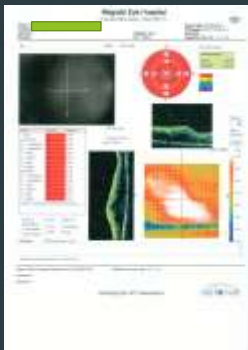
PDR WITH & without fibrosis



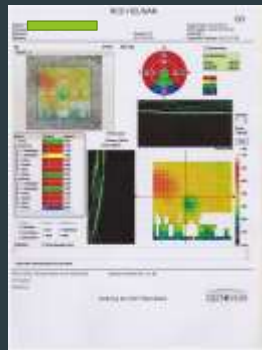
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Patient 2

Aggressive edema

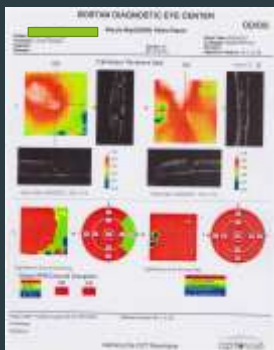


After TA

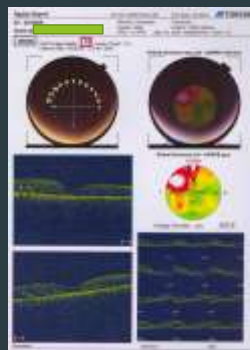


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Recurred

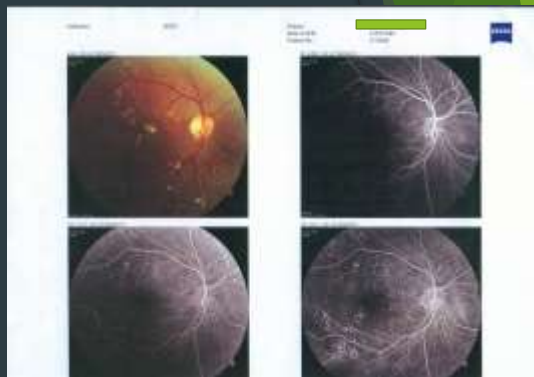


After TA and subthreshold laser

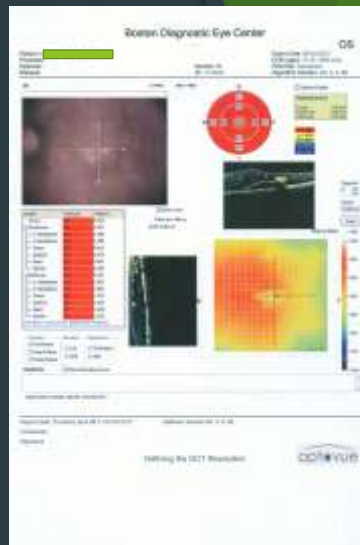
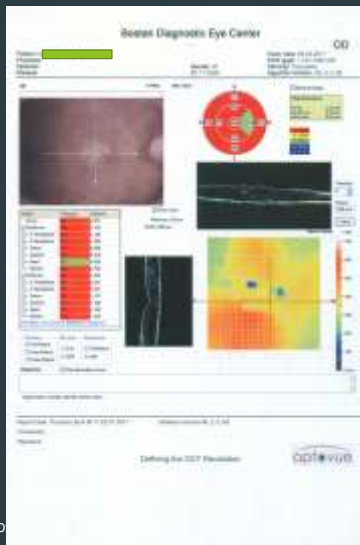


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Patient 3



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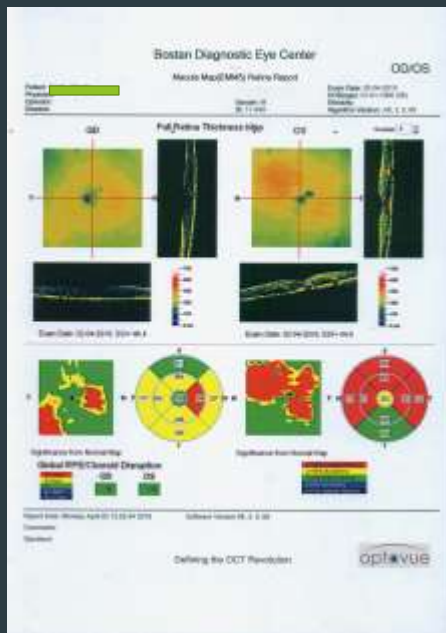
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After 2 lucentis injections

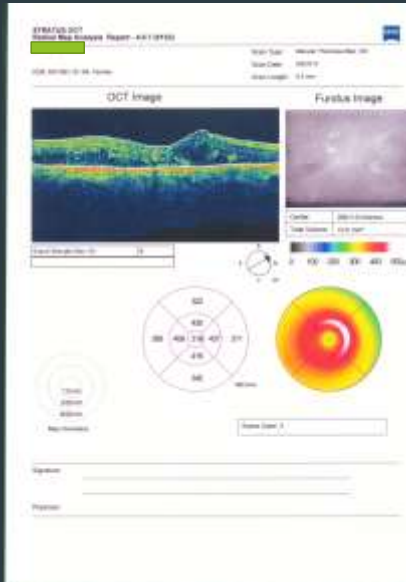
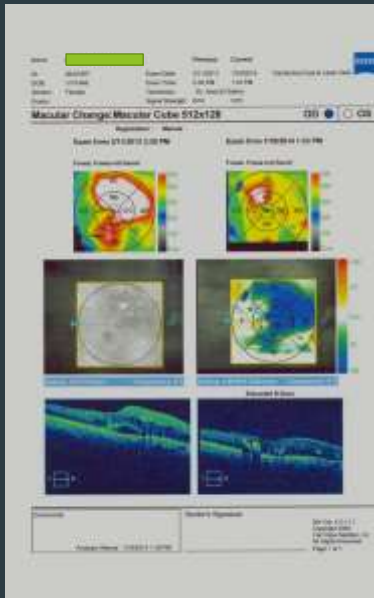


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After Eylea

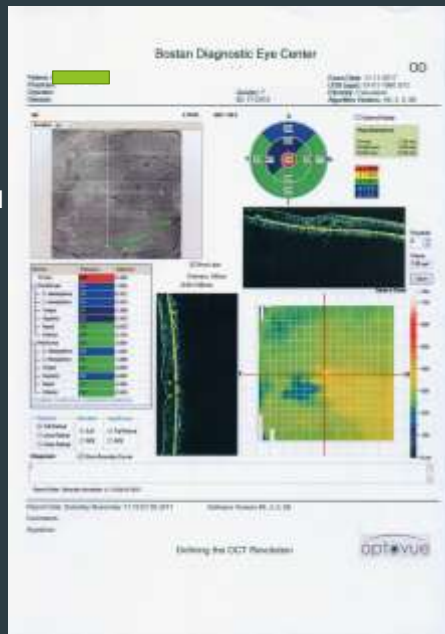


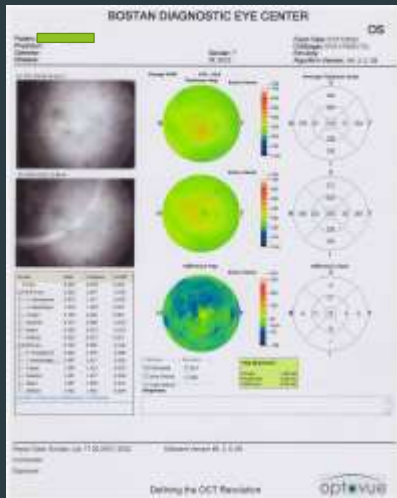
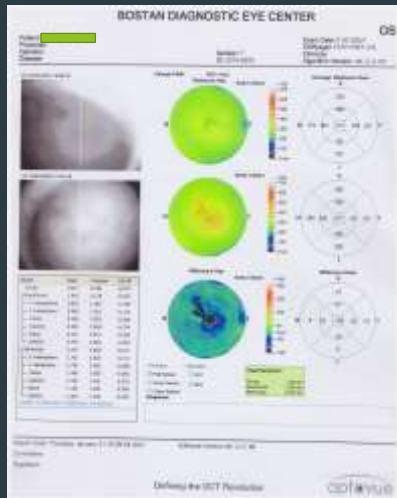
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▶ Repeated TA with argon grid laser

▶ Laser subthreshold



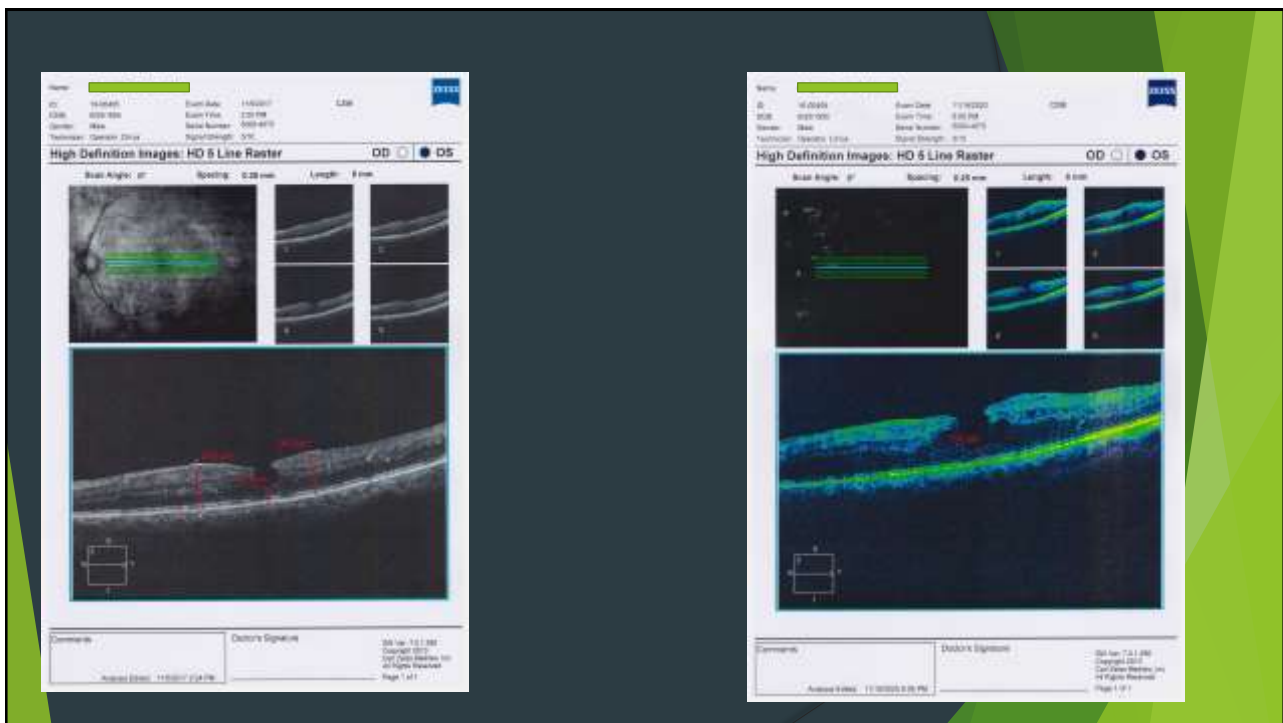


▶ Recurred subthreshold laser

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To sum up

- ▶ Start on 6/12 VA , better VA but symptomatic treatment is optional
- ▶ FFA in the start of treatment is a must, to be repeated if no improvement is noted
- ▶ Laser for non CI DME
- ▶ Anti VEGF is the main line in CI DME
- ▶ Lesser VA start with Elea, better vision go for Lucentis
- ▶ Must continue for 3-6 monthly injections then switch if no improvement
- ▶ PRN or treat and extend
- ▶ 2nd line treatment steroids best is dexamethasone, Fluocinolone then triamcinolone

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To sum up

- ▶ Non responders are those not improving by 10-20% in CMT or improvement of VA by <5 letters after 3-6 injections
- ▶ Switching to a different type of antiVEGF after 2-4 injections
- ▶ Laser augmentation might be needed to increase the injection free period if PRN will be used
- ▶ Systemic blood sugar control is a must
- ▶ Systemic hypertension control is also a must
- ▶ IVI should start early even before HbA1c is controlled

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To sum up

- ▶ Surgery is 1st choice for DME with antero-posterior traction
- ▶ 2nd choice if DME with tangential traction doesn't respond to AntiVEGF or steroids
- ▶ Non responsive cases can perform vitrectomy but results are mainly anatomical

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THANK YOU!

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