

Diabetic maculopathy

other options than IVI

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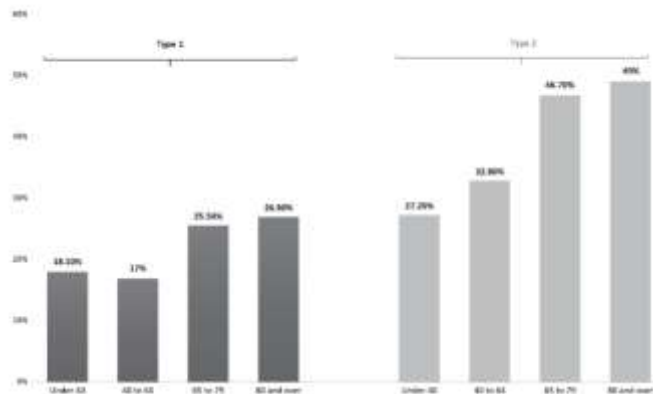
INI

- * IVI is the mainstay now for treatment
- * Aflibercept is best for VA improvement
- * TA is best for CMT decrease

Medical treatment

- * Hb1c level
- * Hypertension
- * Lipid level
- * <7mmol
- * <144/82 (130/80 in eye, kidney problems)
- * Cholesterol < 5mmol/l

Tight VS regular treatment



Life style

- * Smoking
- * Weight control/ loss
- * Increasing physical activity

Screening

- * No diabetic changes
- * NPDR
- * PDR
- * Diabetic maculopathy
- * Annually
- * 6 months
- * 3 months or less
- * Till resolution then monthly or quarterly

Other modalities : laser

- * Argon laser for CSMO
- * Indications
- * Parameters
- * Limitations

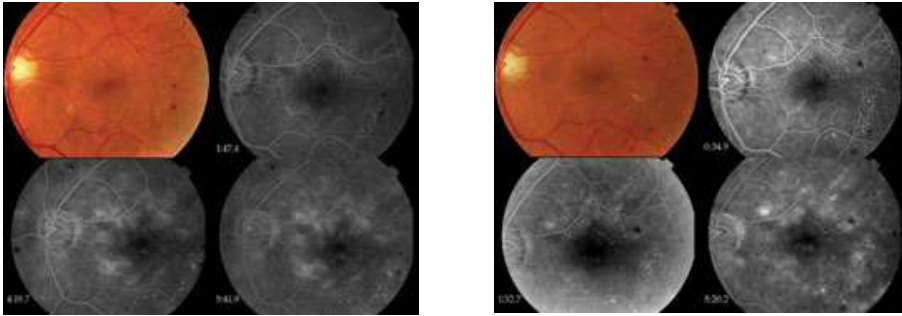


Other modalities : laser

- * Subliminal laser: why is it different
- * Indications
- * Parameters
- * Limitations



Other modalities : laser



When can you use it

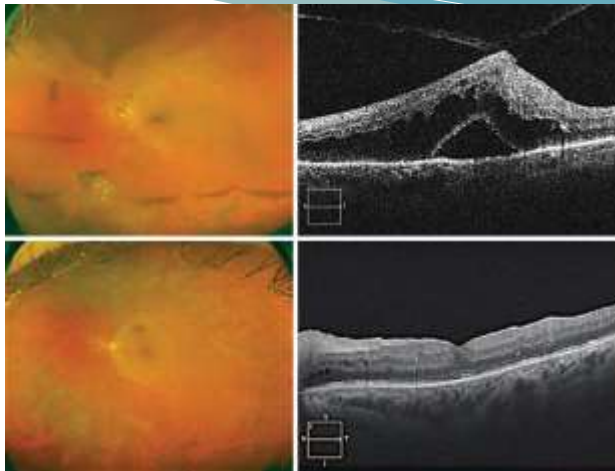
- * This is totally personal
- * In addition to IVI
- * Alone

Vitrectomy

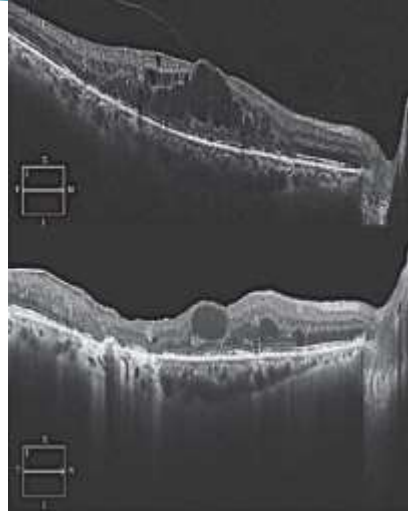
- * Theory behind it

- * Indications

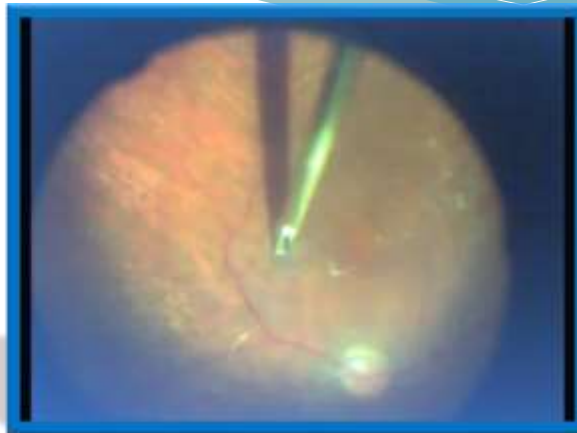
Vitrectomy : traction



Vitrectomy : persistent cases no traction



Preferred technique



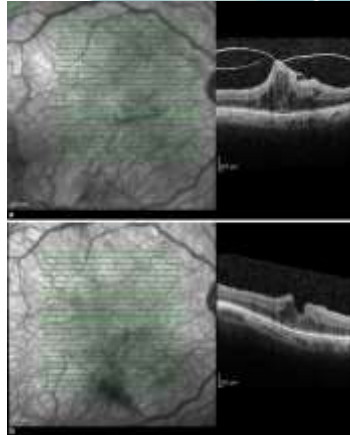
Comparing both pathologies

- * A poorer preoperative BCVA has been associated with higher BCVA gains.
- * Greater retinal thickness, poorer glycemic control, presence of SRF, lack of ELM integrity have been associated with a poorer final absolute BCVA.

When can you use it

- * Only in cases of no PVD and resistant to IVI

Out of the box thinking : Gas injection



Thank you!