Abstract:
Retinal angiomatous proliferation (RAP) is a subtype of exudative age-related macular degeneration which is characterized by an intraretinal origin of the lesion and a particularly poor prognosis. In this retrospective case study 33 eyes from 33 patients with stage III RAP lesions were included and initially treated with 3 intravitreal injections of 0.5 mg ranibizumab at monthly intervals. Criteria for extended treatment were visual deterioration, fresh bleeding, residual fluid or increase of the central retinal thickness in optical coherence tomography (OCT) as well as persisting activity in fluorescence angiography (FLA). The follow-up period was 8 months. The mean best corrected visual acuity (BCVA) increased insignificantly from logMAR 0.71 at the start of therapy to logMAR 0.67 after the first 3 intravitreal treatment injections and remained stable up to 8 months. The mean decrease of the central retinal thickness after 4 months (-90 µm) and after 8 months (-70 µm) was significant. Of the patients included in the study 67% were treated repeatedly and the mean frequency of reinjections was 2.27 injections after 8 months. The intravitreal injection of ranibizumab in patients with stage III RAP lesions resulted in functional and anatomical stabilization. In most cases repeated treatment is necessary which underlines the urgent need for close surveillance in follow-up.