Dokumenttyp: journal article

Autor(en) des Beitrags: Thalgott, V; Feucht, N; Lohmann, C P; Maier, M

Titel des Beitrags: [Long-term results in neovascular age-related macular degeneration: Changes in visual acuity and geographic atrophy during long-standing anti-VEGF therapy].

Abstract: In neovascular age-related macular degeneration (nAMD) intravitreal injection of anti-vascular endothelial growth factor (VEGF) is the standard therapy. According to the results of the CATT study with reference to the potential relationship between ranibizumab injections and the occurrence of geographic atrophy (GA) this retrospective real life evaluation was performed. Eyes with more than 28 intravitreal anti-VEGF injections (IVT) using bevacizumab, pegaptanib, ranibizumab or aflibercept were evaluated with respect to visual acuity and geographic atrophy using the RegionFinder of Heidelberg Engineering. For statistical analysis the Wilcoxon rank test was used (SPSS version 20, SPSS, Chicago, IL). In this study 56 eyes were evaluated with a median number of 41.5 (range 28-66) injections, which corresponds to an injection rate of 6.8 IVT per year. The median visual acuity at baseline was 0.4 logMAR ± 0.32 (range 0-1.2) and 0.6 logMAR ± 0.33 (range 0.1-1.7) at the end of the observation period. This decrease was statistically significant (p = 0.029). In 55.8 % of the eyes visual acuity was equal or better after a median of 6 years follow-up whereas 23.3 % revealed a visual acuity that was <= 0.3 logMAR. Of the eyes 30 % showed a clearly defined GA. The median GA at baseline was 0.45 mm(2) (range 0-6.24) and at the time of evaluation 4.36 mm(2) (range
0.95-24.71) corresponding to an annual growth of 0.49 mm²/year. In conjunction with the results of other long-term studies it can be assumed that despite regular monitoring and long-term treatment not all patients with nAMD can be protected against a final loss of visual acuity over the years; however, more than 50% of the eyes could maintain a stable or improved visual acuity. With respect to GA this small collective showed growth rates that are comparable to those in slowly progressing dry AMD. Thus no evidence was found for accelerated increase of GA during IVT therapy.