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Service (sector) Uveitis and AIDS

### **CORTICOSTEROID TREATMENT OF CYSTOID MACULAR EDEMA SECONDARY T PARS PLANITI**

Purpose: To evaluate oral, sub-Tenon and intravitreal corticosteroid therapy in patients with cystoid macular edema (CME) secondary to pars planitis (PP). Materials and method: Retrospective study of 10 patients (15 eyes) with PP and CME examined at the Uveitis and AIDS Section of Paulista School of Medicine in the last 5 years. Inclusion criteria were: (1) presence of CME by clinical, angiographic or optical coherence tomography (OCT) findings; (2) visual acuity (VA) = 20/40 on Snellen chart; (3) presence of clear media; (4) no previous ocular surgery; (5) absence of ocular or systemic diseases that could account for CME; (6) follow-up time after treatment of at least four weeks. Three treatment groups were defined: (1) sub-Tenon injection of corticosteroids; (2) systemic corticosteroids; (3) intravitreal corticosteroids. Snellen VA was converted to LogMAR units for comparison between pretreatment and posttreatment VA. Results: One eye from one patient was treated with oral and periocular 0.36 LogMAR units after 12.6 weeks of treatment. After 18.6 weeks, final VA was 0.44 LogMAR units. In the systemic corticosteroid group (n=4), pretreatment VA was 0.77 LogMAR units, best VA was 0.30 LogMAR units after 6 weeks and final VA was 0.47 LogMAR units after 18 weeks of treatment. Eyes treated with intravitreal corticosteroids (n=5) improved from 0.68 LogMAR units to 0.38 LogMAR units after 14.8 weeks. Final VA was 0.42 LogMAR units after 18.8 weeks. Conclusions: In this small group of patients, CME determined a decrease of vision in all cases. Corticosteroids were effective in treating such complication. The improvement in VA did not differ markedly among the treatment groups. Further studies will be necessary to address which one is the best treatment for CME secondary to pars planitis: systemic, sub-Tenon or intravitreal therapy.