VITREORETINAL INTERFACE ABNORMALITIES IN PATIENTS WITH RETINAL VEIN OCCLUSION IN A TERTIARY REFERRAL CENTER

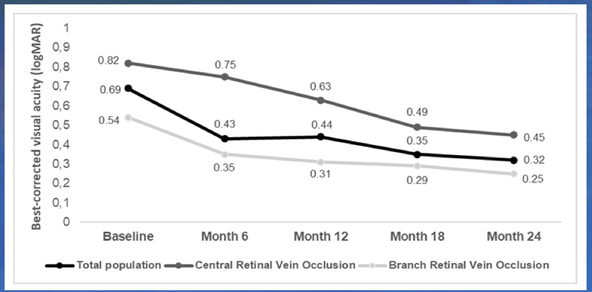
Irini Chatziralli, Chrysa Agapitou, Eleni Dimitriou, Petros Kapsis, Dimitrios Kazantzis, Alexia Risi-Koziona, Fotios Kyratzidis, George Theodossiadis, Panagiotis Theodossiadis

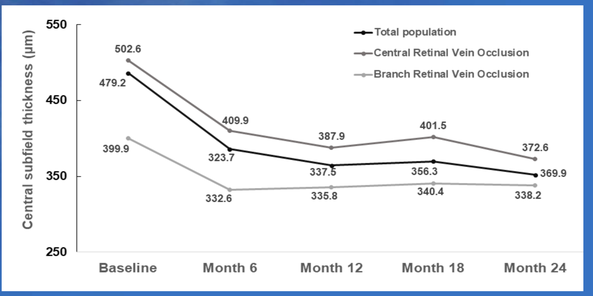
2nd Department of Ophthalmology, University of Athens, Athens, Greece

Purpose: The purpose of this study is to investigate the prevalence of vitreoretinal interface (VRI) disorders in patients with retinal vein occlusion (RVO) and to evaluate the impact of VRI abnormalities on the treatment outcomes of macular edema secondary to RVO using intravitreal aflibercept.

Methods: Participants in this prospective study were consecutive patients with macular edema secondary to RVO, who received intravitreal aflibercept injections. At baseline, best-corrected visual acuity (BCVA) was assessed, and spectral domain-optical coherence tomography (SD-OCT) was performed to measure central subfield thickness (CST) and to evaluate the presence of VRI disorders, namely vitreoretinal adhesion (VMA), vitreoretinal traction (VMT), epiretinal membrane (ERM), lamellar macular hole (LMH) and fullthickness macular hole (FTMH). The primary outcomes were the prevalence of various VRI disorders in patients with RVO and the impact of VRI disorders on BCVA and CST after aflibercept treatment in such patients.

Results: At baseline, 16.1% of patients had VMA, 3.2% VMT, 18.3% ERM and 1.1% LMH. There was a statistically significant improvement in BCVA and decrease in CST in RVO patients over time. There was no statistically significant difference regarding BCVA and CST at baseline and until month 24 after treatment between patients with VRI disorders and those without VRI disorders. However, the mean number of injections during the follow-up period was higher in the group with VRI disorders (9.4±2.1) compared to those without VRI disorders (8.1±0.7, p=0.0002).





Conclusions: The prevalence of VRI disorders in patients with RVO was 16.1% for VMA, 3.2% for VMT, 18.3% for ERM and 1.1% for LMH. VRI disorders were not found to affect the anatomical and visual outcomes after intravitreal aflibercept treatment in patients with RVO, although more intravitreal injections were needed in patients with VRI disorders.