

8th Global Ophthalmology Meeting

July 18-19, 2016 Chicago, USA

Rapid response of treatment resistant polypoidal choroidal vasculopathy to Aflibercept treatment

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Background: Polypoidal Choroidal Vasculopathy (PCV) is a disorder characterized by multiple, recurrent hemorrhagic exudative Pigmented Epithelium Detachments (PED). PCV has different natural history and treatment response characteristics from exudative AMD. Presence of a polypoidal branching vascular network in the inner choroid causes the disorder. Treatment is with Photodynamic Therapy (PDT) or anti-vascular endothelial growth factor (VEGF) injections. In this report, a PCV case with PED, having a rapid response to switching from bevacizumab to aflibercept, is presented.

Case Report: A 77 years old male presented with blurring of vision in his right eye. Best corrected visual acuity (BCVA) was 4/10 in his right and 7/10 in the left eye. Fundus examination revealed a PED and sub-retinal fluid in right eye and normal view of posterior pole in left eye. Optical coherence tomography (OCT) showed two macular PED areas with an overlying sub-retinal fluid in the right eye. OCT view of left eye showed no pathology except for a tiny pigmented epithelium irregularity. Fundus fluorescein angiography (FFA) showed right late hyperfluorescence due to leakage in the right eye. Monthly intra-vitreous bevacizumab (IVB) injections were planned for the right eye. After three injections, minimal improvement was observed in the right eye with no BCVA change. However, A sudden large serous PED occurred in the left eye with a significant BCVA decrease to 2/10.

Results: Atypical progression with sudden PED without AMD findings such as drusen in the left eye, multiple treatment resistant PEDs in the right eye, FFA and OCT findings brought the diagnosis to PCV, but this could not be confirmed with indocyanine green angiography (ICG) because of the iodine allergy.

Conclusion: The treatment was switched to bilaterally aflibercept injections. In the right eye, sub-retinal fluid was completely resolved and the PEDs were shrunk on the tenth day of first aflibercept injection. After three aflibercept injections left eye revealed a significant PED shrink and BCVA reached to 7/10 in both eyes. Right eye got stable with a BCVA 6/10 with five injections and no need thereafter. Left eye showed a more resistant response and aflibercept treatment is going on to maintain stability with a BCVA of 6/10 while this report is being prepared. During follow-up a sudden PED occurred in the left eye without prior findings, while the right eye was showing a resistant nature to monthly IVBs. Switching to bilateral IAIs resulted in immediate improvement in BCVA and PED dimensions of both eyes, and the stabilization of this improvement was achieved in six months. This case gives an idea that Aflibercept seems more effective than other treatment options in such treatment resistant disorders as PCV and PED, but more studies must be carried out to confirm this conclusion.

Biography

Ibrahim Kocak has completed his PhD from Istanbul University and Postdoctoral studies from Istanbul Training Hospital and Medipol University School of Medicine. He is an Assistant Professor in Ophthalmology Department of Medipol University mostly associated with vitreoretinal surgery. He has published almost 20 papers in medical journals.

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