Clinical practice: Anti-VEGF therapy for resistant macular edema.

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➢ Background and Importance

Therapy approved for diabetic macular edema (DME) are intravitreal ranibizumab (IR), intravitreal aflibercept (IA) and dexamethasone intravitreal (ID). Currently there is a gap of information on its use in unresponsive to previous treatment.

➢ Aim and objectives

To evaluate clinical effectiveness and safety of aflibercept or ranibizumab (Anti-VEGF) therapy for resistant macular edema.

➢ Material and methods

- Descriptive and retrospective study.
- All patients with DME unresponsive to previous anti-VEGF therapy
- Clinical data were obtained: Digital clinical history.
- Study period: September 2021- September 2022.

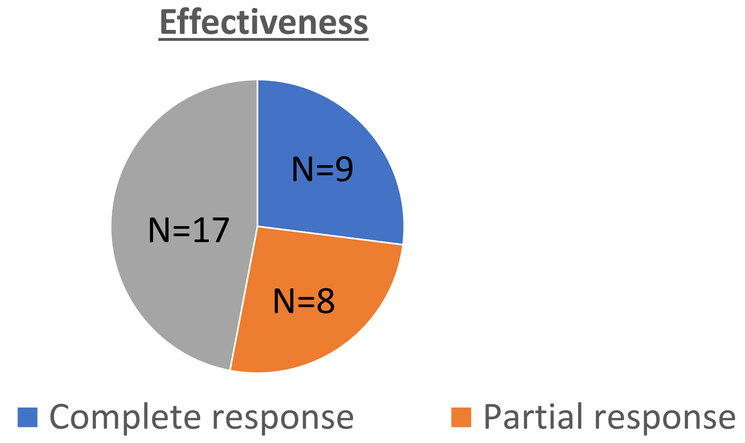
Clinical data

- Sex
- Age
- Pathology
- Previous therapy
- Type treatment
- Number injections during study
- Response
- Adverse events (AE).

- ***Effectiveness***: Complete or partial response
- ***Safety:*** Adverse events (AE)

➢ Results

Clinical Data	
Sex	N=18 ♀ N=16 ♂
Age	69 (35-90) years
Pathology	Resistant macular edema
Previous therapy	One-line anti-VEGF therapy
Type treatment	80% aflibercept, 20% ranibizumab
Number injections during study	261 injections of IR (median 9, range 3-12)



Safety: No treatment-associated adverse effects were observed.

➢ Conclusion and relevance

- The effectiveness was relatively low in unresponsive to previous treatment. Future controlled trials are needed to confirm the use of this type of treatments in unresponsive patients.
- The safety profile for use of the therapy showed it was tolerated.