Comment on the Paper by Douvali et al. Entitled 'Effect of Macular Ischemia on Intravitreal Ranibizumab Treatment for Diabetic Macular Edema'

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Dear Editor

We congratulate Douvali et al. [1] on their study entitled 'Effect of macular ischemia on intravitreal ranibizumab treatment for diabetic macular edema'. The authors compared the effect of intravitreally administered bevacizumab injections on central foveal thickness (CFT) and visual acuity (VA) in ischemic and nonischemic subtypes of diabetic macular edema. They found that CFT decreased statistically significantly in both groups. However, VA increased significantly in only the nonischemic group. These results potentially suggest to retina specialists not to use bevacizumab treatment in patients with ischemic diabetic macular edema. In a previous study, the effect of the duration of macular

edema on the results of intravitreal triamcinolone acetonide injections was discussed [2]. Larsson et al. [3] stated that as the duration of the edema increases, the chance of irreversible damage to the photoreceptors raises, indicating an insufficient response to the treatment. Therefore, we would like Douvali and colleagues to perform correlation analyses between the duration of the macular edema and the change in VA and CFT in both groups. From the results it should become apparent that the presence/absence of an ischemia is possibly the most important factor. However, the effect of the duration of the macular edema needs to be clarified in these patients.

References

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- 2 Durukan AH, Memisoglu S, Gundogan FC: Is multifocal ERG a reliable index of macular function after triamcinolone acetonide injection in diffuse diabetic macular edema? *Eur J Ophthalmol* 2009;19:1017–1027.
- 3 Larsson J, Zhu M, Sutter F, Gillies MC: Relation between reduction of foveal thickness and visual acuity in diabetic macular edema treated with intravitreal triamcinolone. *Am J Ophthalmol* 2005;139:802–806.