Dexamethasone Implants in Patients with Naive Diabetic Macular Edema

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Dear Editor

We have read the comments of Akinin et al. [1] on our article entitled 'Efficacy and safety of intravitreal dexamethasone implant in patients with diabetic macular edema' [2] with great interest. Akinin et al. [1] present a long-term follow-up study of patients with diabetic macular edema (DME) treated with Ozurdex®. The authors report a significant improvement in the best corrected visual acuity, with a mean gain of at least 13 letters during the follow-up period and similar positive results on central retinal thickness. These results are better than those reported in our study [2] and many previous studies [3–5]. We think that these differences could be due to the baseline characteristics of the

patient population, which could have influenced the investigation in the context of patient responses as well as of outcome measures. These findings suggest that some baseline characteristics of patients could affect the results obtained. Akinin et al. [1] enrolled 48% of treatment-naive patients, and 76% were naive to any previous antivasculature endothelial growth factor injections. Likewise, Escobar-Barranco et al. [6] reported values significantly better in the naive group, while central retinal thickness decreased significantly and similarly in both groups (naive and non-naive patients).

Thus, these data support the notion that treatment-naive patients present better re-

sponses with improved results compared to non-naive patients.

We can hypothesize that, as delaying DME treatment is highly pejorative on functional results [7, 8], delaying the most effective treatment is potentially just as deleterious (as delaying the introduced treatment). Furthermore, repeated laser treatment could generate some atrophic lesions and thus affect long-term functional results.

In conclusion, it seems necessary to identify and select, as early as possible, the most effective treatment for patients suffering from DME. We must also aim to correlate structural and functional criteria in order not to lose any valuable time without effective treatment: time is sight!

References

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