

Medical and surgical treatments equally effective for common inflammatory condition of the eye, study finds

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Patients with uveitis, the fifth leading cause of vision loss in the United States, treated with either systemic anti-inflammatory medicine or with a time-release implant surgically placed inside the eye experienced a similar degree of visual improvement over two years, according to a new study from researchers at the Perelman School of Medicine at the University of Pennsylvania, the Mount Sinai School of Medicine, Johns Hopkins University and the University of Wisconsin. Results from the Multicenter Uveitis Steroid Treatment (MUST) Trial, supported by the National Eye Institute (NEI), are published online in the journal *Ophthalmology*.

"The results of the MUST Trial will guide the management of uveitis for many years to come," said John Kempen, MD, PhD, associate professor of Ophthalmology and [Epidemiology](#), and the study's vice-chair. "Given that the visual results are similar at two years between the two approaches, clinicians can utilize whichever of the treatments best fits the anticipated side effect profile for an individual patient. Because the [implant](#) approach more often succeeds in controlling inflammation, the results suggest to me a role for implant therapy when systemic therapy is not working out well. The low risk of side effects of systemic therapy we observed should be encouraging to all physicians who manage inflammatory diseases with corticosteroids and immunosuppressants."

Uveitis refers to intraocular inflammation of various kinds. In addition

to producing [vision loss](#), especially when unrecognized or treated improperly, other frequent complications include cataract; glaucoma; chorioretinal scarring; and cystoid macular edema, the most common cause of decreased vision from uveitis. Retinal detachment and neovascularization of the retina, optic nerve, or iris are less frequent—but potentially severe—complications of uveitis.

The MUST trial was a randomized clinical trial that compared an intraocular corticosteroid implant to standard oral therapy for the treatment of patients with severe, vision-threatening uveitis. The trial randomly assigned one of the two treatments to 255 patients, located at 21 healthcare facilities in the United States and two international sites and then monitored their health and vision for the following two years of treatment.

After two years, the vision of patients receiving either treatment had improved similarly, gaining almost one line on an eye chart. Systemic treatment surprisingly produced few side effects. In contrast, the implant produced more eye problems, such as abnormally high eye pressure, glaucoma, and cataracts. These eye complications required additional treatment, sometimes including surgery. Although both treatments decreased inflammation in the [eye](#), the implant did so faster and to a greater degree.

Provided by University of Pennsylvania School of Medicine

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