

Repeated ranibizumab doesn't impair macular perfusion

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(HealthDay)—For patients with diabetic macular edema, repeated

ranibizumab treatment does not appear to be associated with impaired macular perfusion, according to a study published online March 1 in *JAMA Ophthalmology*.

Sonja G. Karst, M.D., from the Medical University Vienna, and colleagues analyzed prospectively collected data from 208 patients with [diabetic macular edema](#) who completed the 12-month RESTORE core study and the 24-month open label RESTORE extension study. The authors sought to examine the correlation of repeated ranibizumab injection on macular perfusion.

The researchers found that at baseline, the mean foveal avascular zone size was 0.261 mm² in ranibizumab monotherapy, 0.231 mm² in ranibizumab and macular laser combination therapy, and 0.201 mm² in laser monotherapy. No significant increase in foveal avascular zone size was experienced by any [treatment](#) arm at any time in the study period. At month 36, the mean increases for [ranibizumab](#) monotherapy and [combination therapy](#) were 0.073 and 0.117 mm², respectively; no changes were statistically significant. There were no changes in foveal avascular zone regularity in any treatment group, and in the three treatment groups, there were no differences in capillary loss around the fovea. Neither element correlated with visual acuity or central retinal thickness.

"Because our data do not suggest a harmful effect of anti-vascular endothelial growth factor therapy on capillary integrity, patients with severe microangiopathy and advanced capillary dropout should not be denied these treatments," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry; image grading, data collection and analysis, and manuscript preparation were sponsored by Novartis.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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