

Different Approaches in Treating Diabetic Macular Edema in **Both Eyes of the Same Patient: Case Report**



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Purpose: To present a case of diabetic macular edema (DME) in both eyes with different treatments.

Methods: Female patient, 58 years old, with diabetes, hypertension and dyslipidemia, complaining of low visual acuity (VA) for 2 months in both eyes (OU). She presented with 20/60 VA in OU, nuclear cataract 2+/4+ and diabetic macular edema (DME) in OU. There was no previous treatments of photocoagulation or intravitreal injection. No new vessels were observed on gonioscopy. Optical Coherence Tomography (OCT) was performed with thickness of 306micra in the right eye (OD) and 344micra in the left eye (OS). Opted for the implantation of dexamethasone in OD and anti-VEGF in OS, followed by two more injections of ranibizumab in OS with an interval of 1 month between them. The different treatment for each eye was chosen due to difficulties in acessing medications in the public system.

OD - Dexamethasone OS - Ranibizumab

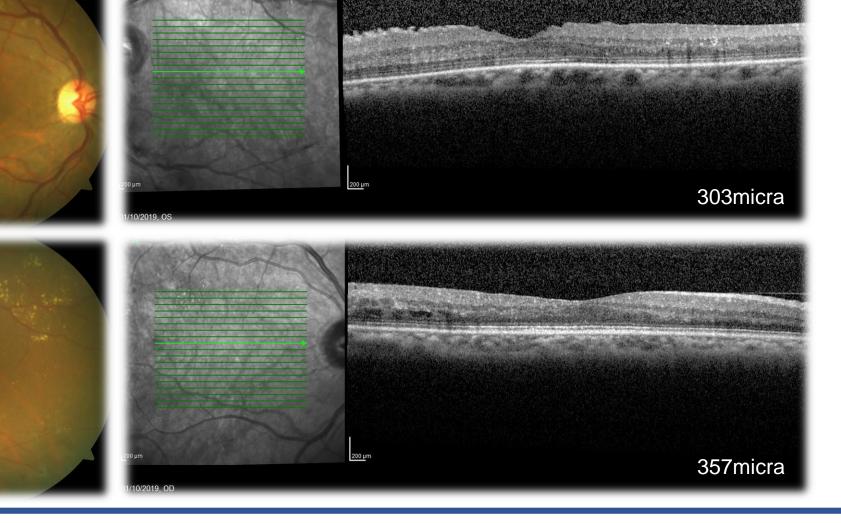
Results: Six months after the beginning of treatment, the VA was 20/20 in OD and 20/30 in OS. The macula thickness was 303micra in OD and 357micra in OS. There was no evidence of increased cataract or intraocular pressure.

Discussion: DME is the foremost cause of central vision loss in patients with diabetes mellitus. (1-3). VEGF seemed to be a important target in the treatment of DME, and the anti-VEGF become the first line of therapy in this cases.(1,3) However, the need for frequent injections and non-responders to anti-VEGF treatment has remained a problem, and is necessary an additional options.(1) Dexamethasone intravitreal implant is a sustained-release implant approved for the treatment of DME.(1) Studies have demonstrated that eyes treated with Ozurdex has superior anatomic outcomes, but showed similar rates of vision improvement, while requiring fewer injections compared with anti-VEGF.(2-4). In this case the VA was better at the eye treated with Ozurdex and the anatomical result was better too. The use of Ozurdex could be a good option for treatment of DME with the benefit that reduces the number of injections.

OD - Dexamethasone

Six months of follow up

OS - Ranibizumab



Baseline

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344micra