

Optimal treatment of retinal angiomatous proliferation

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Received: 18 July 2009 / Accepted: 22 July 2009 / Published online: 21 August 2009
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Dear Editor,

We would like to thank Rouvas et al. for their interest in our article regarding the role of ranibizumab in the treatment of retinal angiomatous proliferation (RAP) [1].

Rouvas et al. evaluated in a very interesting recent publication the role of different treatment modalities on RAP [2]. Their study is an excellent contribution to a still challenging issue regarding optimal treatment of RAP.

In our article, we highlighted some differences between the two studies. We consider that constructive discussions can be triggered by contrasting differences in the two studies that may help us to get a better insight regarding various aspects of the challenging treatment of RAP, even if firm conclusions cannot be drawn.

We agree with Rouvas et al. that the two studies, which were performed in different medical centers with different methodology and included subjects with different characteristics, cannot be compared in a statistically reliable way.

We are both agreed that when OCT alone is used to dictate treatment in cases of RAP with PED, as happened in both studies, there is a chance of patients having missed treatment. We are also both agreed that the difference in the percentage of patients presenting pigment epithelium detachment (PED) at baseline between the two studies is probably of significance.

Although we consider that it is interesting to point out these differences, it is not known whether they could have influenced the divergence in results between the two studies.

Our study is currently the largest study that evaluated the role of ranibizumab in the treatment of RAP lesions. However, RAP includes a wide range of different clinical manifestations, and consequently, a study that could provide a high level of scientific evidence should include a significant number of patients.

Until a large-scale randomized, long-term clinical trial establishes more accurately the potential clinical benefit of intravitreal ranibizumab versus other therapeutic modalities, the debate regarding the optimal treatment of RAP is ongoing.

References

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