



Efficacy of Micropulse 532 nm Green Laser in Diabetic Macular Edema



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The authors have no financial interest in any of the materials discussed.



Micropulse (MIP) Treatment

- Pioneer treatment by Thomas R. Friberg and associates in the **late 1990s**.
- Several published articles for medical application in **DR, RVO and CSC**.
- Divides the laser emission into a “train” of **short, repetitive pulses** that persists for 0.1 to 0.5 seconds in a “**on-off time**” interval between successive micropulses: duty-cycle.
- Treatment **until 100 µm** from fovea?
- Possibility of **undertreatment** is a concern.
- **Not well established**. No standards or dose-response clinical studies.

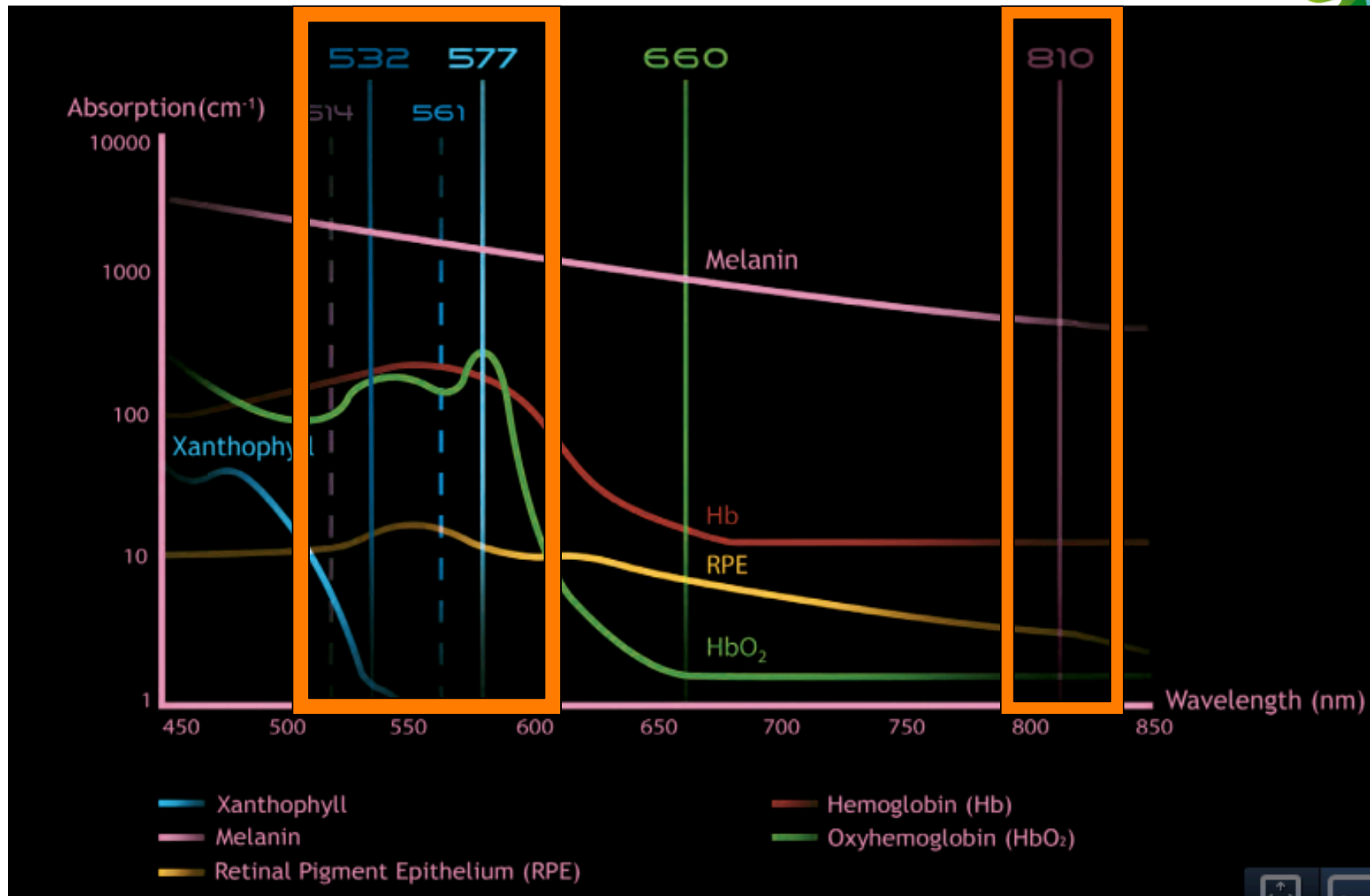
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MIP Clinical Studies Available

- Treatment in areas **not suitable for conventional** laser.
 - **Continuous** wave-emission.
 - Power is titrated **upward** for a barely visible tissue.
-
- ✓ 577 nm or 810 nm laser:
 - ✓ Spot ~ 125 μm
 - ✓ Variable duty-cycle: 0.5-10%
 - ✓ Different power: 50-70%

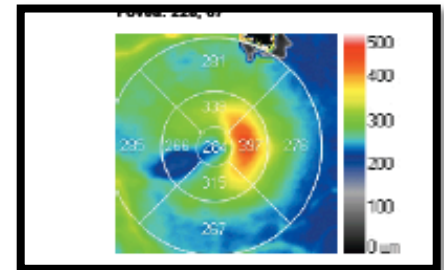
Supra 532[®]



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Material and Methods

- Retrospective, non-comparative study.
- Micropulse laser treatment data since June 2012 until March 2013.
- Diabetic Macular Edema:
 - Not suitable for conventional laser treatment
 - Lack of response to intravitreal therapy (anti-VEGF or corticoid)
- 10% duty-cycle time, 200ms
- Spot diameter 50 μ m
- 70% of the power that causes mild whitening of the RPE on peripheral retina.

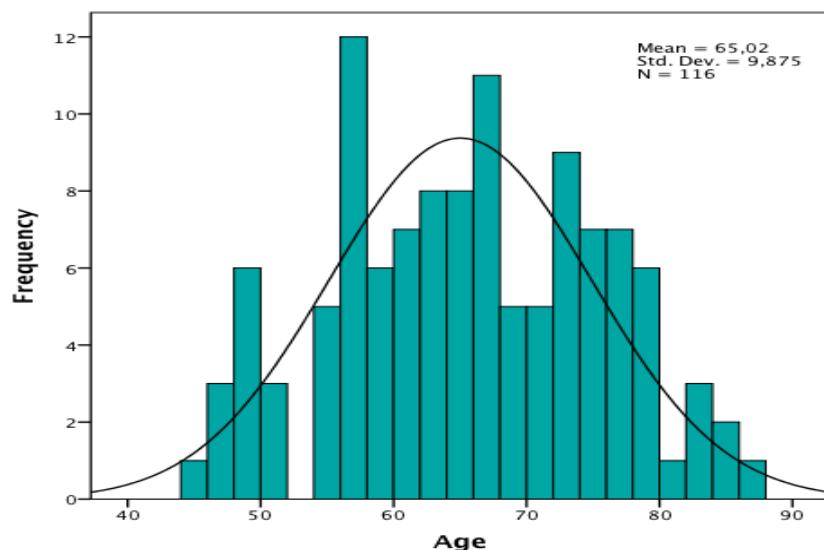




Demographic Results

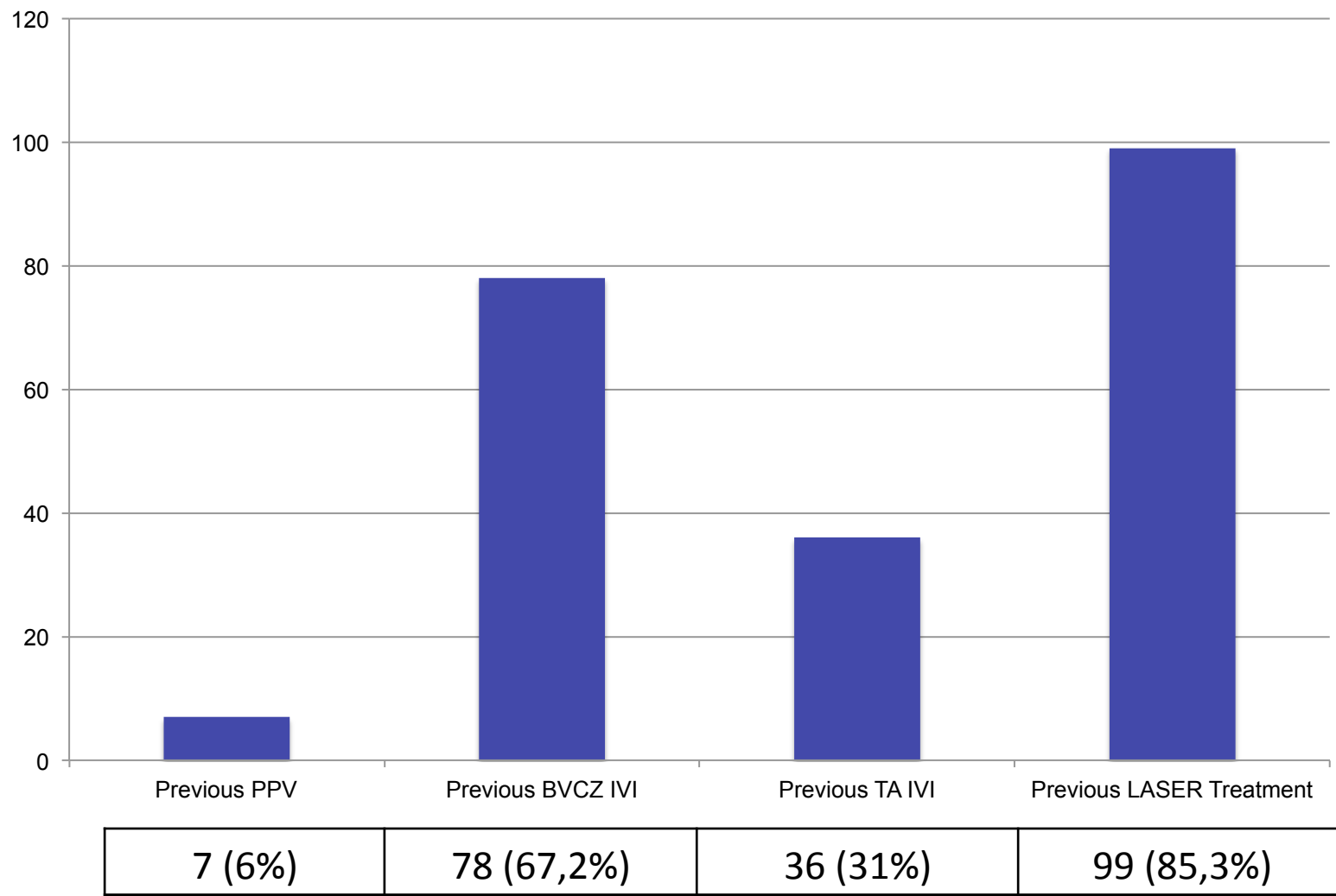
Total Sample	140 eyes. 24 eyes excluded.
Included	116 eyes 89 patients
Distribution	58 (50%) RE. 58 (50%) LE. 61 male (52,6%) 55 female (47,4%)
Age	65±9,88 years

Average spots number	49
Average Power	622±176 mW
Follow-up Time Range	4-18 months
DR type	PDR = 20 (17,2%) NPDR = 96 (82,7%)





Previous Treatments

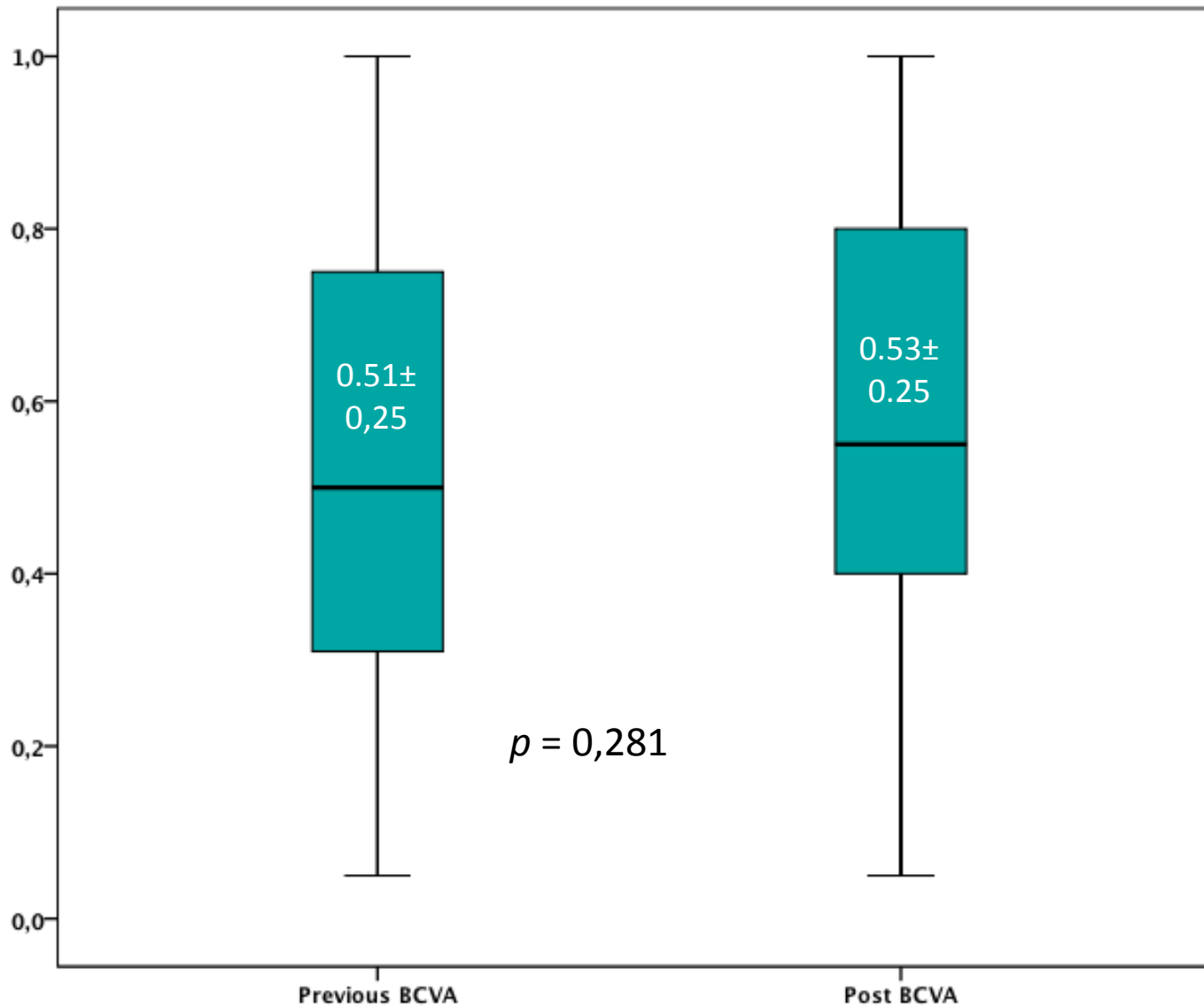


Previous Treatment and Treated Area Thickness

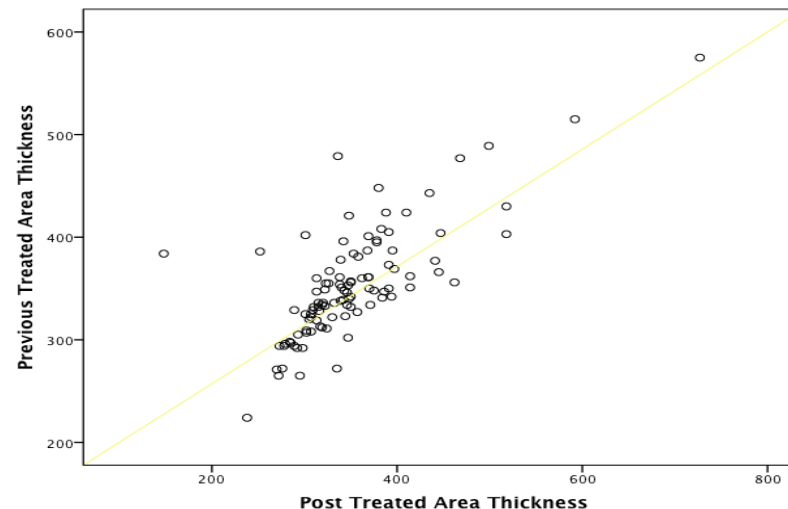
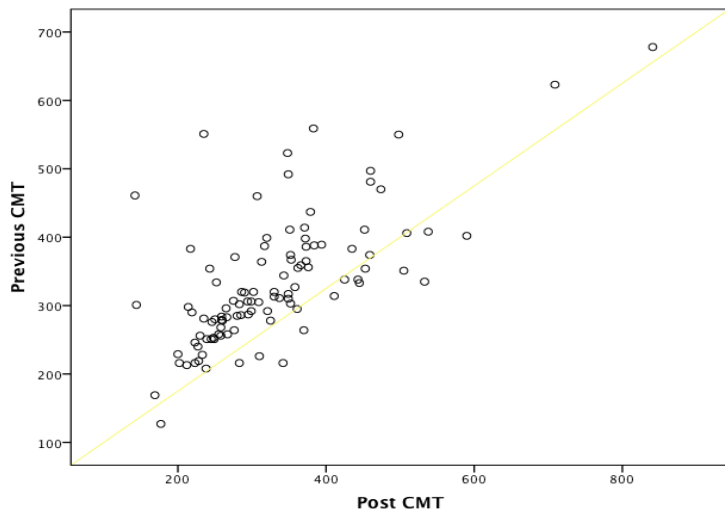
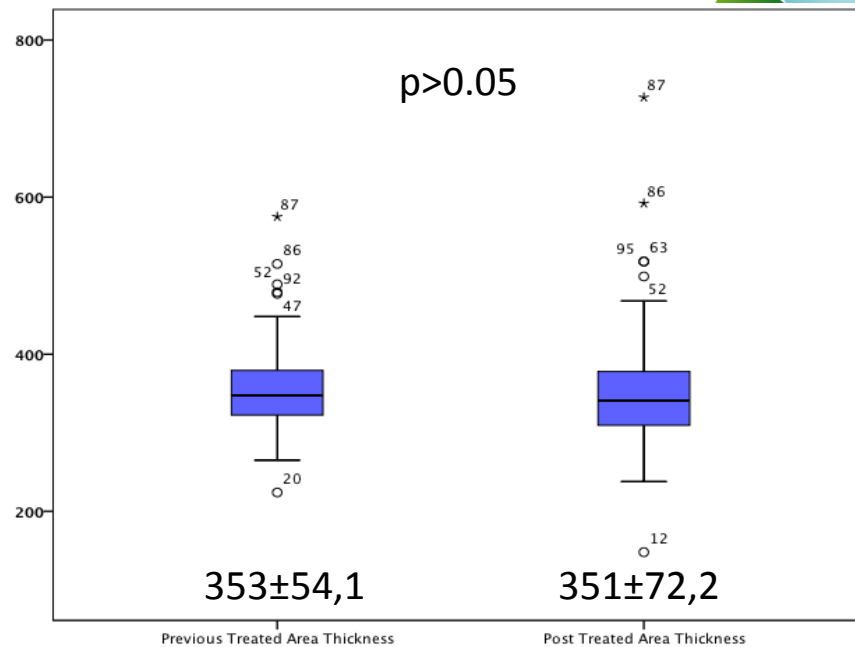
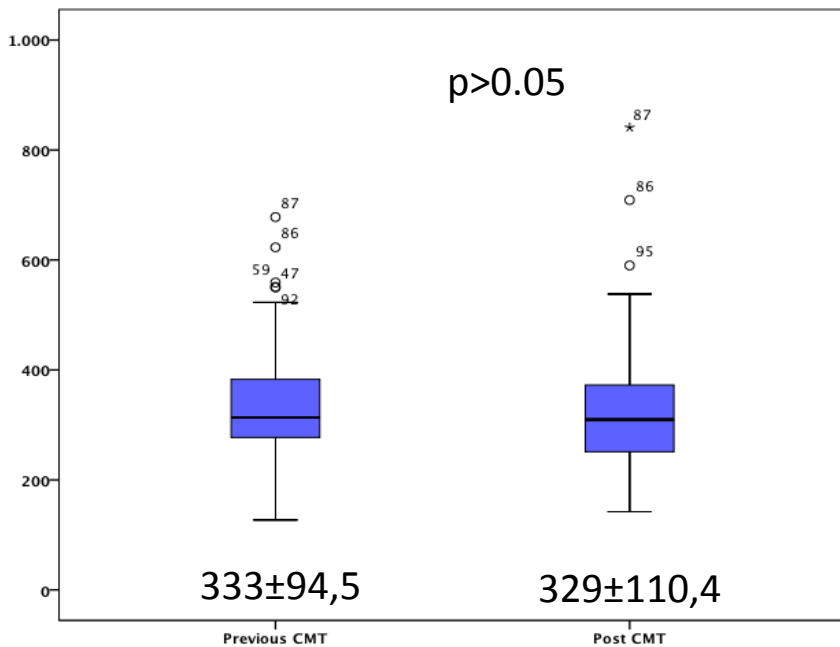


Previous PPV (7)	Previous BVCZ (78)	Previous TA (36)	Previous Laser (99)	N	<i>p</i> value
No	No	No	No	5	0,325
No	No	No	Yes	21	0,160
No	No	Yes	Yes	3	0,465
No	Yes	No	No	7	0,034
No	Yes	No	Yes	34	0,572
No	Yes	Yes	No	2	0,195
No	Yes	Yes	Yes	24	0,3111
Yes	No	Yes	Yes	2	0,895
Yes	Yes	No	Yes	2	0,690

Visual Acuity – at first visit after mip

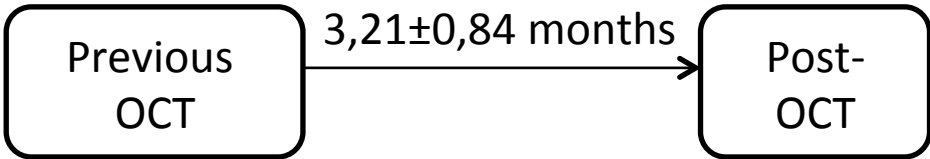


Macular Thickness Variation





**Hospital
 Braga**



Macular Change: Macular Cube 512x128 OD OS

Registration: **Automatic**

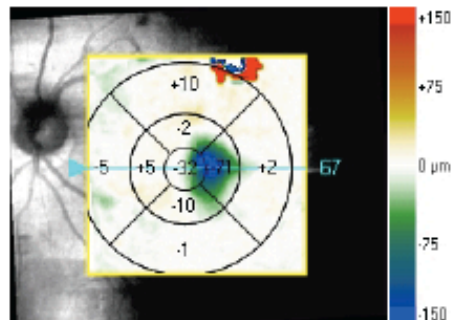
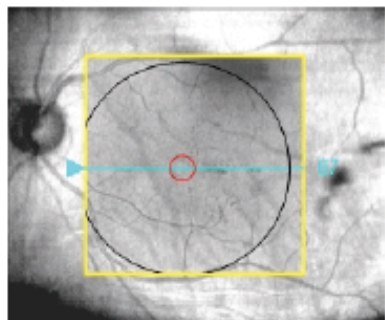
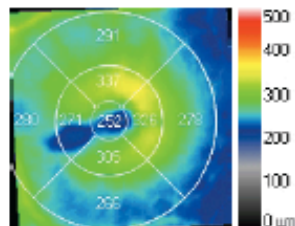
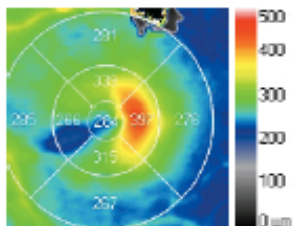
Registration **succeeded**

Exam from 5/2/2013 4:55:25 PM

Exam from 9/5/2013 3:05:34 PM

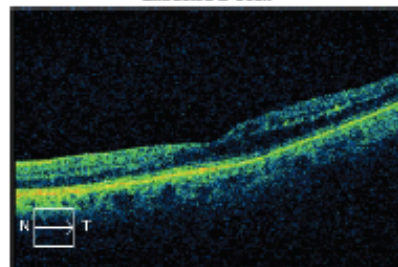
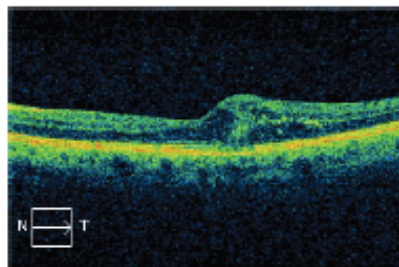
Fovea: 228, 87

Fovea: 228, 87



Overlay: OCT Fundus Transparency: 0 %

Overlay: ILM-RPE Difference Transparency: 0 %



Macular Change: Macular Cube 512x128 OD OS

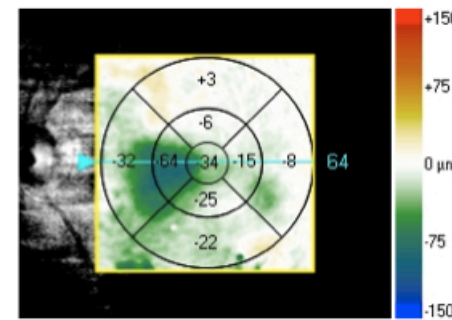
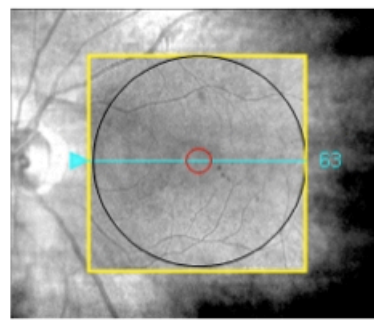
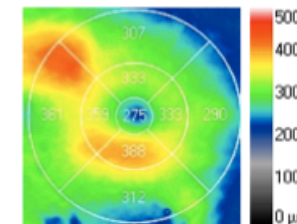
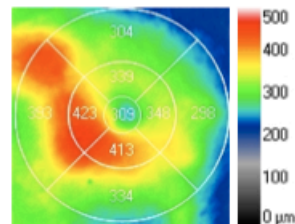
Registration: **No Registration**

Exam from 9/12/2013 9:12:55 AM

Exam from 11/12/2013 10:29:27 AM

Fovea: 263, 63

Fovea: 265, 64



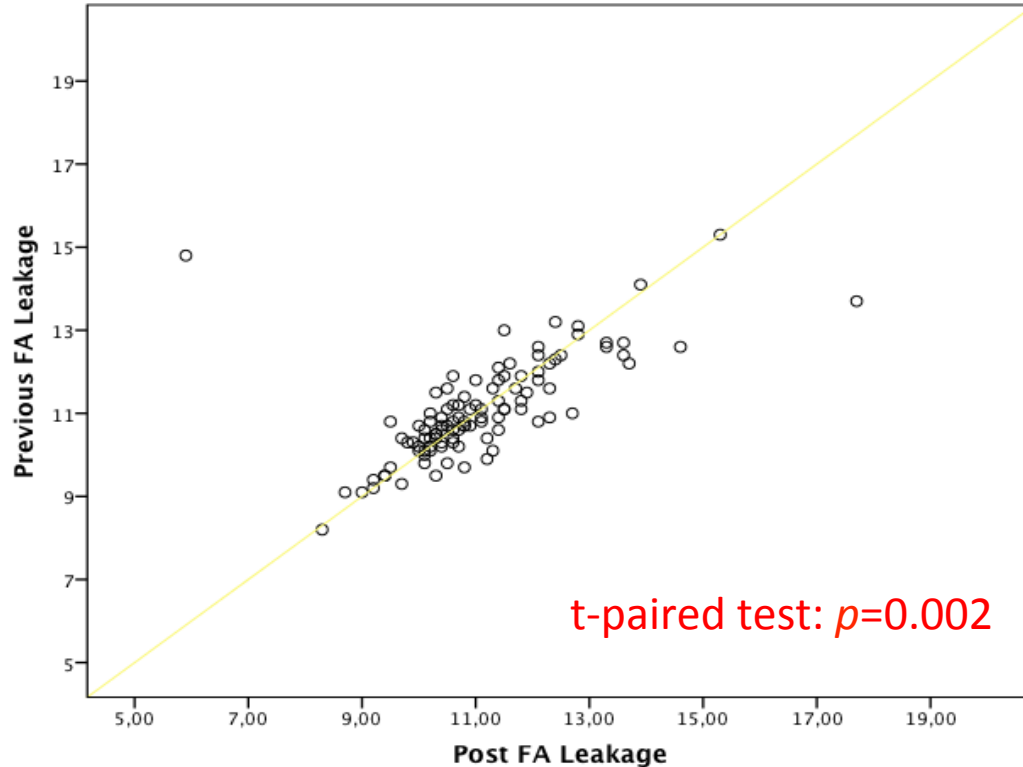
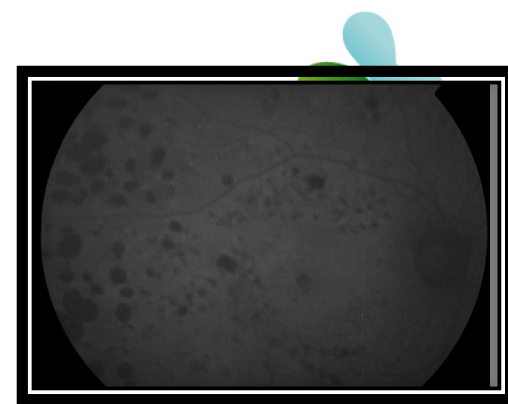
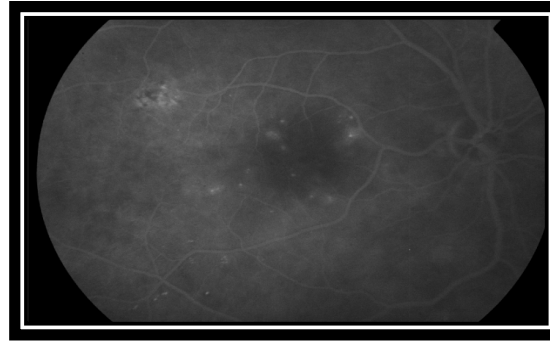
Overlay: OCT Fundus Transparency: 0 %

Overlay: ILM-RPE Difference Transparency: 0 %

Extracted B-Scan

FA and FAF findings

- No visible LASER spots
- No RPE changes
- Decrease on leakage area



Previous FA
N=105

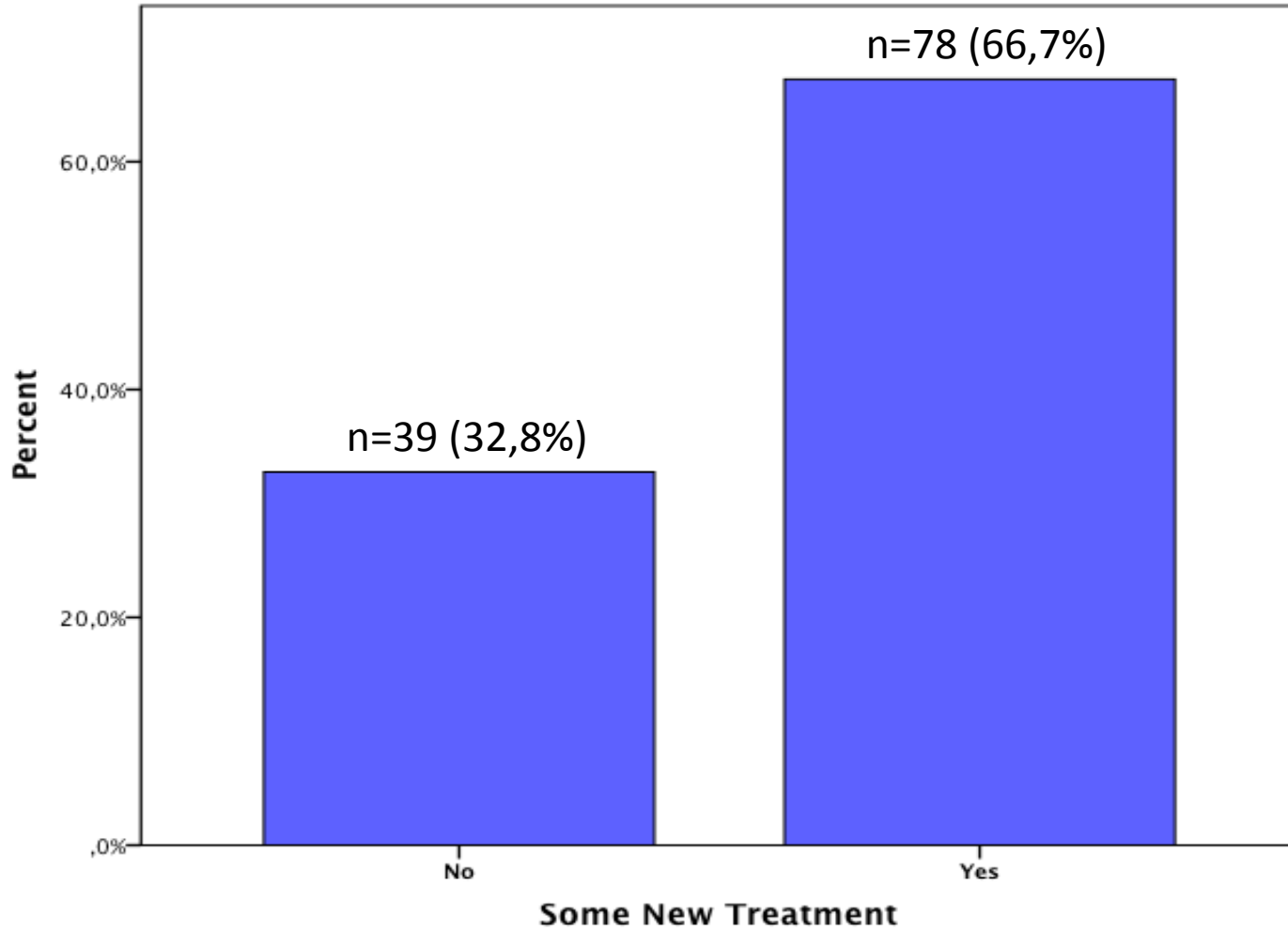
$1,75 \pm 1,6 \text{ mm}^2$

5,68
 $\pm 1,32$
months

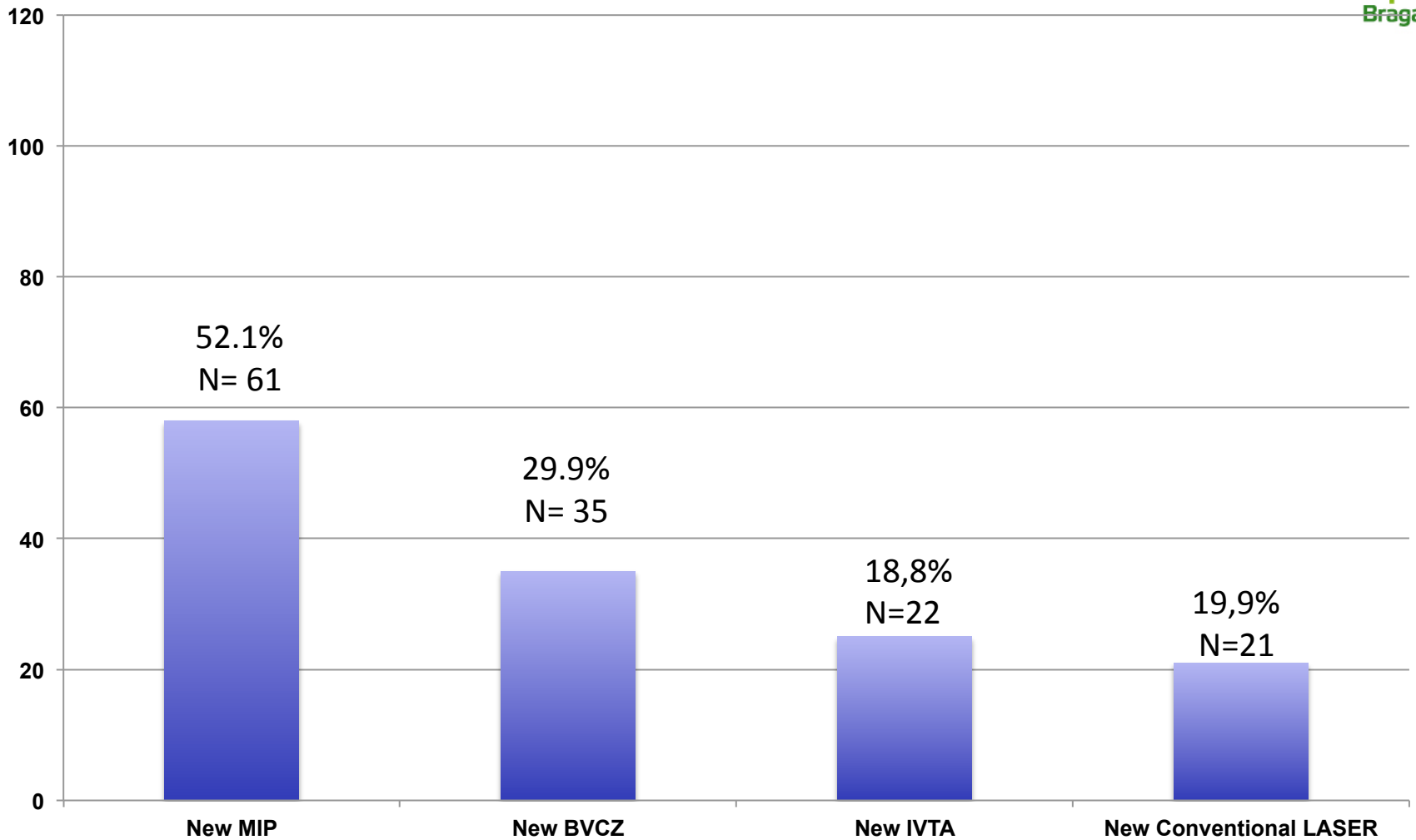
Post-FA
N=105

$1,24 \pm 1,08 \text{ mm}^2$

Retreatment



Retreatment



Limitations

- Retrospective and non-comparative study
- Non-naïve patients
- Difficult metabolic control
- Multiple variables involved
- More follow-up controlled time
- No published clinical trials with 532 nm
- Correct parameters?



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