

Letter to the Editor

1 – year follow-up after intravitreal bevacizumab alone and in combination with photodynamic therapy for AMD and PCV

Raimondo Forte

Eye Department, University Federico II, Naples, Italy

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Editor,

I read with interest the article by Lim et al. (2010). In this prospective study, the authors evidenced that intravitreal bevacizumab alone has similar efficacy and safety to bevacizumab plus photodynamic therapy (PDT) for the treatment of patients with neovascular age-related macular degeneration (AMD) and polypoidal choroidal vasculopathy (PCV) at 12-month follow-up. The authors concluded that the addition of PDT did not assist in reducing the required total number of bevacizumab injections.

In their study, the authors did not differ between the three recognized forms of exudative AMD, which are the classic form, the occult form, and retinal angiomatous proliferation (RAP). On the other hand, in their series, a pigment epithelial detachment

(PED) was present in 22/31 (71%) of eyes with AMD.

We know that PED is generally because of sub-RPE neovascularization in occult AMD (Gass 1997) or in advanced stages of retinal angiomatous proliferation (Yannuzzi et al. 2001). The presence of a PED has been shown to be almost constant in occult AMD (Coscas et al. 2007). Considering the high prevalence of PED in the study by Lim et al., occult types of AMD and advanced stages of RAP are likely to be present in their population.

Given that the lack of efficacy of PDT with verteporfin has been confirmed in occult CNV lesions (Kaiser 2009) and in patients with advanced stages of RAP (Boscia et al. 2006), the safety and efficacy of VEGF inhibitors has been shown in occult types of neovascular AMD (Costagliola et al. 2009) and RAP (Hemeida et al. 2010). I would like to know the opinion of the authors on the types of exudative AMD to be treated with intravitreal bevacizumab in combination with photodynamic therapy.

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Correspondence:

Raimondo Forte, MD, PhD
Dipartimento di Scienze Oftalmologiche
Università Federico II
Via Pansini 5
80131 Naples
Italy
Email: raifor@hotmail.com