MicroPulse® Laser Therapy as an Adjunct to Intravitreal Triamcinolone for Chronic Recurrent Idiopathic Cystoid Macular Edema

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MicroPulse Laser Therapy can be an effective treatment for macular edema due to a variety of causes. Studies have shown that it produces results comparable to those obtained with the use of conventional thermal laser without laser-induced damage to retinal tissue.1-4 With this level of safety, MicroPulse can be used to treat fovea-involving edema, providing vitreoretinal specialists with a valuable additional therapeutic option. Since we consider laser to be a more definitive treatment that produces more durable results than other options, and because MicroPulse significantly expands the range of cases to which we can apply it, we recently obtained an IRIDEX IQ 577™ laser for our practice.

The IQ 577, a yellow wavelength laser, can be used for multiple indications with a variety of spot sizes and optional MicroPulse modes. In MicroPulse mode, the IQ 577 can be used to treat diabetic macular edema (DME), central serous retinopathy, macular edema associated with branch retinal vein occlusion and central retinal vein occlusion and cystoid macular edema (CME) secondary to uveitis. We recently used MicroPulse supplemented with one intravitreal injection of triamcinolone acetonide (Triesence, Alcon) to successfully treat a patient who had chronic, recurrent idiopathic CME.

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PATIENT HISTORY AND PRESENTATION

A 43-year-old white female had been previously diagnosed with bilateral idiopathic CME. All testing, including erythrocyte sedimentation rate, antinuclear antibody, rapid plasma reagin, bilateral idiopathic CME. All testing, including erythrocyte sedimentation rate, antinuclear antibody, rapid plasma reagin, erythrocyte sedimentation rate, antinuclear antibody, and antinuclear antibody, to identify a potential cause were negative. In 2010, she had been treated with ketorolac drops for 6 months to a year, and each time the patient received a Triesence injection.

On Sept 2, 2014, upon clinical examination, the retina OS appeared to be severely edematous and cystic changes were observed. Central retinal thickness (CRT) as measured by spectral-domain OCT was 938 µm and visual acuity (VA) was counting fingers at 1 foot. (Figure 1) Rather than administering another steroid injection, which carries the risk of increased intraocular pressure (IOP) and the development of cataract, we discussed with the patient the option of MicroPulse and she consented to the laser treatment.

Table 1. TREATMENT PARAMETERS

<table>
<thead>
<tr>
<th>IRIDEX IQ 577 Laser with MicroPulse for Idiopathic CME</th>
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<tbody>
<tr>
<td>WaveLength: 577 nm</td>
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<tr>
<td>Spot size on slit lamp adapter: 200 µm</td>
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<tr>
<td>Contact lens: Ocular Instruments fundus laser lens</td>
</tr>
<tr>
<td>Power: 400 mW</td>
</tr>
<tr>
<td>Exposure duration: 200 ms</td>
</tr>
<tr>
<td>Duty cycle: 5%</td>
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<tr>
<td>MicroPulse Delivery: 235 spots applied to all areas of edema, including the fovea, as observed on clinical exam.</td>
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</tbody>
</table>

REFERENCES


To learn more about MicroPulse, go to www.iridex.com/micropulse
MicroPulse® Laser Therapy as an Adjunct to Intravitreal Triamcinolone

Treatment techniques and opinions presented in this case report are those of the author. IRIDEX lasers are cleared for retinal photocoagulation of vascular and structural abnormalities of the retina and choroid; and iridotomy, iridectomy, and trabeculoplasty in angle-closure glaucoma and open-angle glaucoma. IRIDEX assumes no responsibility for patient treatment and outcome. IRIDEX, IRIDEX logo, and MicroPulse are registered trademarks, and IQ 577 is a trademark of IRIDEX Corporation.

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