

UniversitätsKlinikum Heidelberg

Katharina.Linz@med.uni-heidelberg.de

www.ivcrc.com

www.djapplelab.com

Fluocinolone acetonide intravitreal implant for diabetic macular edema: a case report of a patient with a therapy resistant diabetic maculopathy.

Linz K, Auffarth GU, Kretz FTA

International Vision Correction Research Centre (IVCRC),
David J Apple International Laboratory of Ophthalmic Pathology
Universitäts-Augenklinik Heidelberg
Ärztl. Direktor: Prof. Dr. med. G.U. Auffarth, FEBO

IVCRC / DJ Apple Laboratory wurden unterstützt von ...

Alcon^{1,2,3}

Alimera¹

Allergan^{1,4}

AMO^{1,2,3,4}

Bausch & Lomb / Technolas Perfect Vision^{1,2,3,4}

Bayer²

Carl Zeiss Meditec^{1,2}

Contamac¹

Dr. Schmidt Intraocularlinsen^{1,3}

Geuder²

Heidelberg Engineering¹

Hoya²

Novartis^{1,2}

Oculentis^{1,2,3}

Ophtec²

Physiol^{1,2}

Powervision¹

Rayner^{1,2,3}



Purpose

Evaluation of bilateral implantation of a Fluocinolone acetonide intravitreal implant (Iluvien®) in a patient with a therapy resistant macular edema





Iluvien® Drug Delivery Insert

- nonbiodegradable cylindrical tube with a central drug-polymer matrix (3.5 mm in length, 0.37 mm in diameter)
- injected into the vitreous using a 25-gauge proprietary inserter, which allows for a self-sealing wound
- one implant containing 190 μg fluocinolone acetonide (delivering 0.2 $\mu\text{g}/\text{day}$)
- provides a therapeutic effect up to 36 months

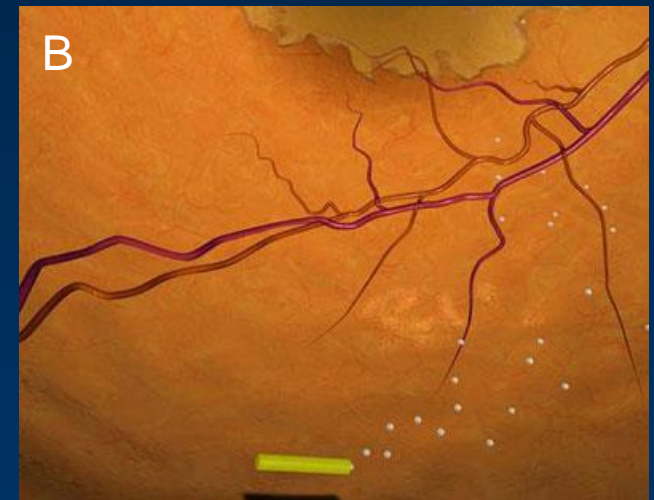
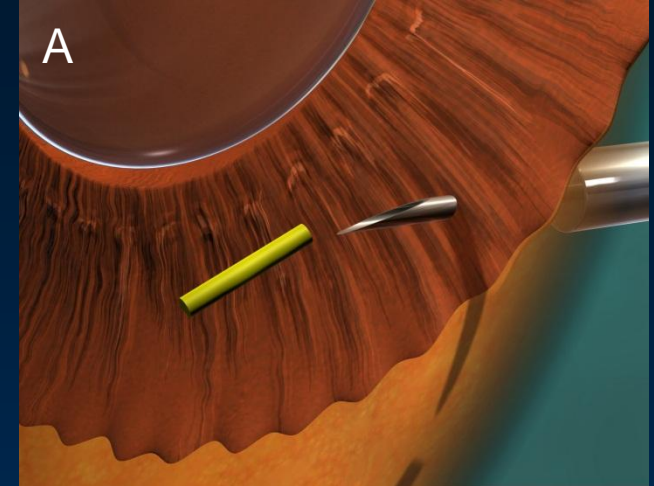


Figure 1A: Insertion into the vitreous body. **B:** Location of the Iluvien implant in inferior vitreous



Patient history

We are reporting of a 87-year-old women with a diabetic Retinopathy who was treated consecutively for diabetic macular edema on both eyes within 5 years in our institution. In-between 2009 and 2013 both eyes were treated with focal laser photocoagulation and multiple intravitreal injections of Anti-VEGF and steroids. The patient almost had to come for follow-up visits and re-treatments monthly, which was very difficult to implement due to her multimorbidity, osteoporosis and hip joint replacement. On August 2013 we decided to inject a long-acting intravitreal fluocinolone acetonide (Iluvien®) implant on both eyes, which obviates the need for repeat procedures during the treatment window.

Patient history

OS:

- 05/27/2009: first consultation presenting a diabetic maculopathy (Fig. 2A)
- treatment with laser focal photocoagulation and multiple intravitreal injections of Anti-VEGF and steroid implants. The following intravitreal injections were performed: Triamcinolon (n=3), Avastin (n=5) and Lucentis (n=4)
- 05/08/2012: Cataract surgery combined with an intravitreal injection of Avastin
- 08/14/2013: Implantation of an intravitreal Iluvien implant

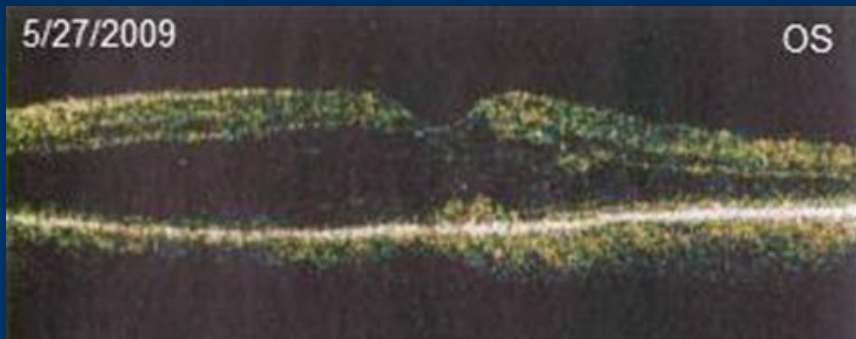


Figure 2A: OCT image of the left eye at the first presentation of the patient with diabetic macular edema

Patient history

OD:

- 11/22/2010: loss of vision due to a diabetic macular edema (Fig. 2B)
- The following intravitreal injections were performed: Triamcinolon (n=2), Avastin (n=3) and Lucentis (n=5). Furthermore focal laser photocoagulation was performed
- 05/18/2012: Cataract surgery combined with an intravitreal injection of Avastin
- 08/12/2013: Implantation of an intravitreal Iluvien implant

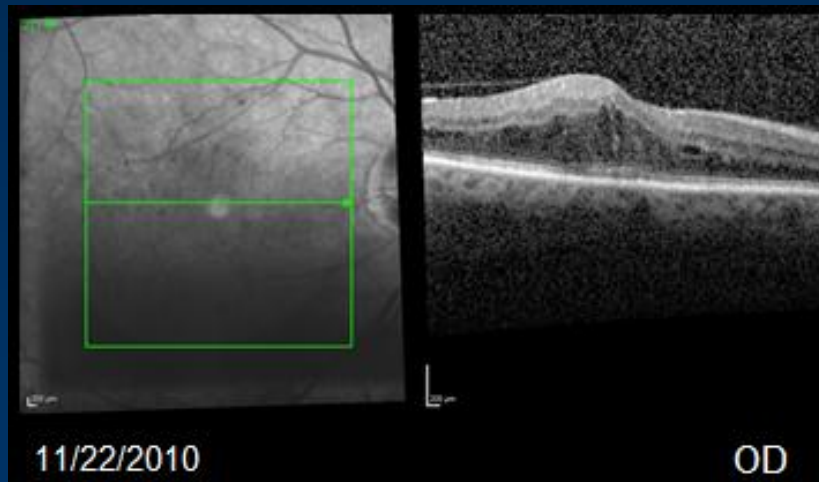


Figure 2B: OCT image of the right eye presenting a diabetic macular edema

Visual acuity over the treatment period of 5 years

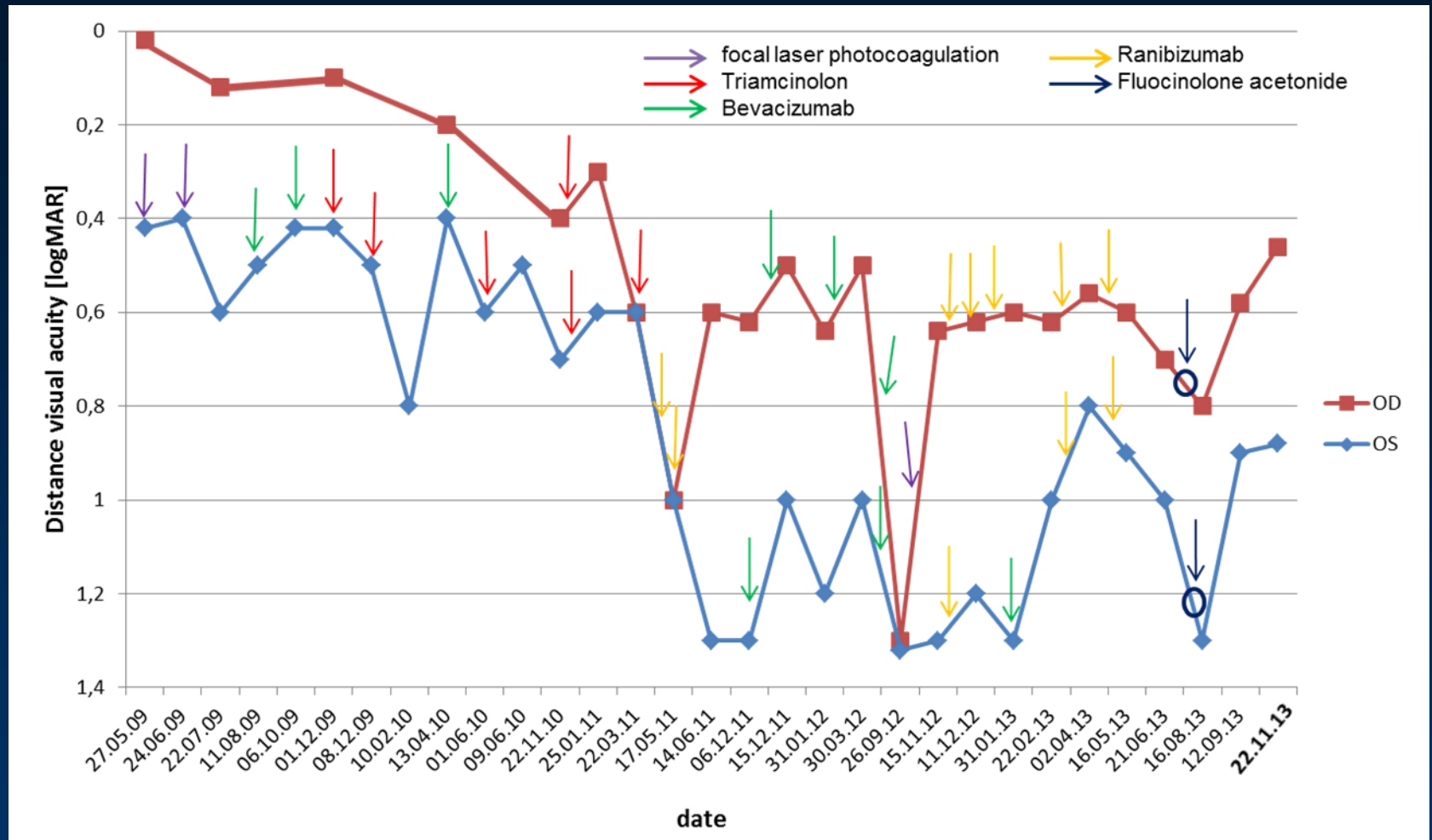


Figure 3: Overview of the uncorrected distance visual acuity (UDVA) in logMAR over a treatment period of 5 years. The figure shows no sufficient response under the currently available treatment options

OCT imaging before and after Iluvien implantation

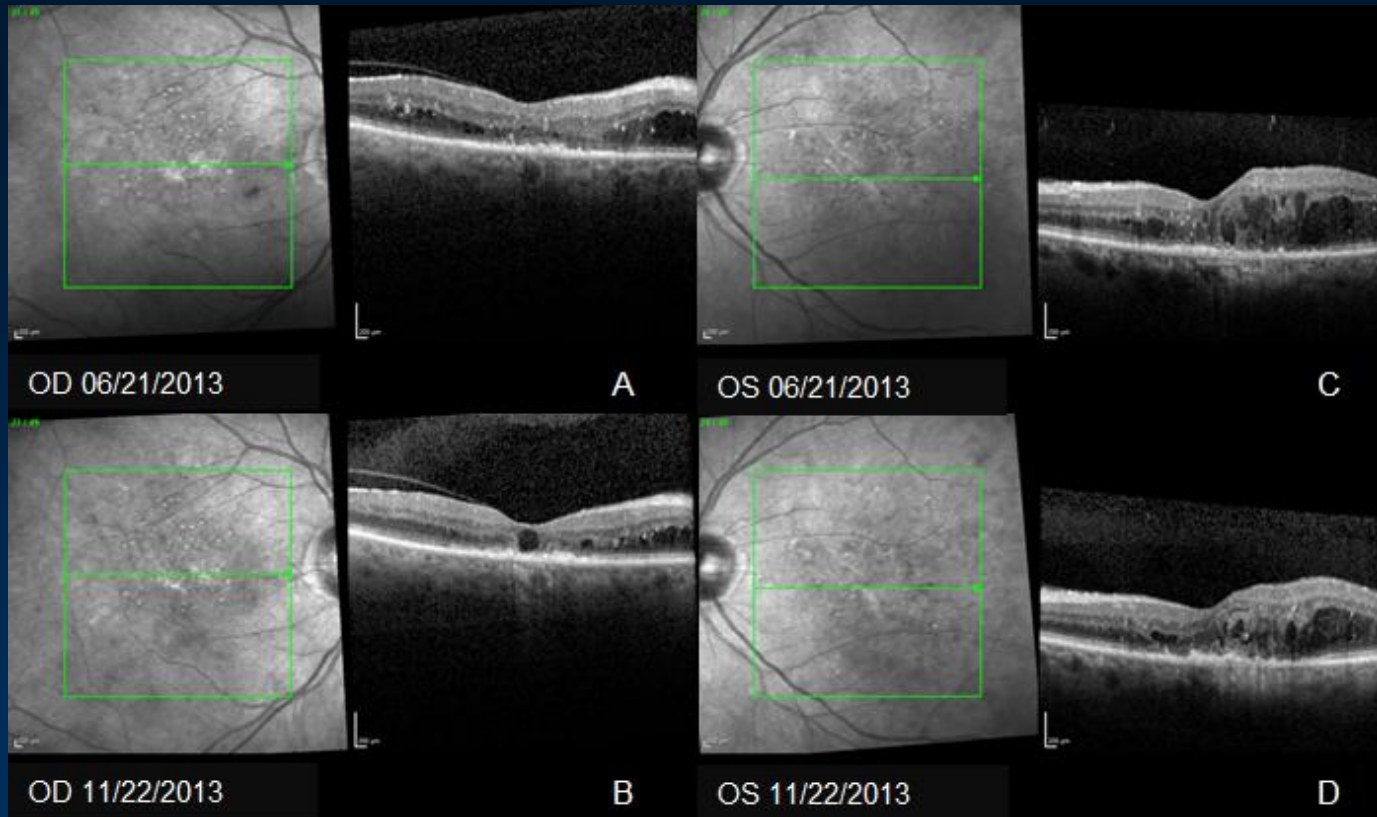


Figure 4A: OCT image of the right eye (OD) before intravitreal injection of Iluvien. The uncorrected distance visual acuity was 0.7 logMAR, central retina thickness 272 μm . (B) OD 3 months after injection. The UDVA improved to 0.46 logMAR, the central retina thickness decreased to 257 μm .

(C) OCT image of the left eye (OS) before intravitreal injection of Iluvien. The UDVA was 1.0 logMAR, the central retinal thickness 312 μm . (D) OS 3 months after injection. Improvement of UDVA to 0.88 logMAR and central retina thickness to 263 μm .

Intraocular pressure

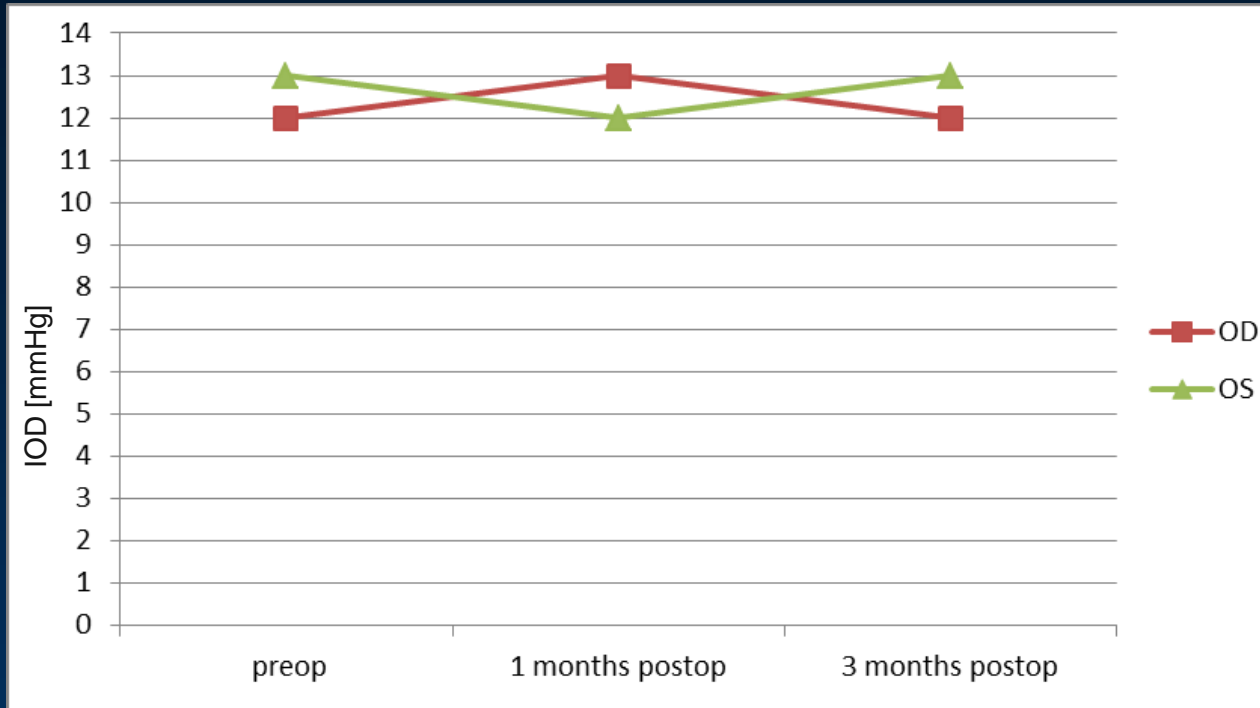


Figure 5: Intraocular pressure (IOP) before, one month and three months after implantation of an intravitreal fluocinolone acetonide implant

The intraocular pressure remained stable on both eyes compared to preoperative measurements

Conclusion

- The implantation of Iluvien offers a sight-saving option for patients with chronic diabetic edema who were previously treated with laser photocoagulation, intravitreal injections of Anti-VEGF or steroids without a sufficient response to the therapy
- The long lasting effect also reduces the amount of intravitreal injections and possible risks of complications
- Against the recommendations of the German ophthalmology society and the retina society, bilateral implantation of Iluvien is beneficial for patients with a therapy resistant diabetic macular edema on both eyes
- Based on the safety and efficacy reported by the FAME studies, particularly in patients with chronic DME (≥ 3 years), Iluvien has received its marketing authorization approval in Austria, France, Germany, Portugal, Spain and the United Kingdom for a second-line therapy in chronic diabetic macular edema



Zertifiziert
DIN EN ISO
9001:2008



Prof. Dr. med. G.U. Auffarth, FEBO

Prof. Dr. med. M.P. Holzer, FEBO

Dr. med. univ. F.N. Auerbach

Dr. med. K. Linz

R. Willrich Amroussi, MA

Prof. Dr. med. T.M. Rabsilber

F.T.A. Kretz, FEBO

Dr. med. T. Tandogan

Dr. med. R. Khoramnia, FEBO

M. Safwat Attia, MD

Dipl.-Ing. (FH) A. Fitting