Short-term Impact of Intravitreal Drug Injection on Intraocular Pressure and Its Correlation to the Ocular Axial Length

Chesis

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Presented By

MAHA HASSAN ABDEL SAMAD

M.B.B.CH. - faculty of Medicine Ain Shams University

Under Supervision of

Prof.Dr.Othman Ali Othman Ziko

Professor of Ophthalmology Faculty of Medicine - Ain Shams University

Dr.Azza Mohamed Ahmed Said

Assistant Professor of Ophthalmology Faculty of Medicine - Ain shams University

> Faculty of Medicine Ain Shams University Cairo- Egypt- 2015

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List of abbreviations

| ACA | Anterior chamber angle. |
|------|--------------------------------------|
| ACD | Anterior chamber depth. |
| ACG | Angle-closure glaucoma. |
| ARMD | Age related macular degeneration. |
| CNV | Choroidal neovasularization. |
| CSR | Central serous chorioretinopathy. |
| CT | Computed Tomography. |
| DCME | Diabetic cystoid macular edema. |
| EPV | Episcleral venous pressure. |
| FFA | Fluorescein fundus angiography. |
| HA | Hyaluronic acid. |
| IOLs | Intraocular lenses. |
| IOP | Intraocular pressure. |
| IVI | Intravitreal injection. |
| NCT | Non-contact tonometers. |
| NPL | No perception of light. |
| OCT | Optical coherence tomography. |
| OHT | Ocular hypertension. |
| PACG | Primary angle closure glaucoma. |
| PET | Positron emission tomography. |
| UBM | Ultrasound biomicroscopy. |
| VEGF | Vascular endothelial growth factors. |
| VP | Venous pressure. |

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Introduction

Intravitreal injection (IVI) therapy is getting more and more popular nowadays. Various anti-Vascular endothelial growth factors (anti-VEGFs) agents and triamethilone (TA) are the most commonly employed drugs. Intravitreal injections of anti-VEGF agents, namely bevacizumab and ranibizumab, have been the primary treatment for age-related macular degeneration (AMD) and macular edema of vascular origin. (Rosenfeld et al., 2006)

Posterior ocular diseases, including glaucoma, macular degeneration, uveal melanoma and retinoblastoma are often hard to be treated due to ocular tissue barriers. While topical administration is effective in the treatment of anterior chamber diseases, it is ineffective in the treatment of diseases afflicting the posterior segments of the eye. Major problems include washing away of the drug by tears and the inefficient diffusion of drug from the corneal side to the posterior segment. (*Janoria et al.*, 2007)

Perhaps, the most known side-effect of IVI therapy is the delayed intraocular pressure (IOP) elevation noted particularly after the TA injection. Delayed pressure rise after TA injection is studied extensively, but immediate