# Management of cystoid macular edema

# Essay Submitted for partial fulfillment of the master degree in ophthalmology

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## Acknowledgment

At first I would like to thank GOD, the merciful and the forgiving, for helping me to produce this work.

I would like to express my deepest gratitude to *Prof. Dr. Osama Raslan* for his help in producing this work.

Also, I would like to express my thanks to *Dr. Hassan El Sayed* for his great help and advice that guide me throughout the work.

I am much thankful and grateful to all my family and to my all colleagues who helped me in producing this work.

#### Abstract

Cystoid macular oedema is the final common pathway of many intraocular and system insults. It has characteristic petaloid appearance. Although cystoid macular oedema may be associated with underlying conditions, it is most commonly seen following intraocular surgery, venous occlusive disease, diabetic retinopathy, and posterior segment inflammatory disease. As well as clinical suspicion, a wide range of investigations may lead to the diagnosis of cystoid macular oedema . Fluorescein angiography and optical coherence tomography provide enhanced visualization of the geometry and distribution of cystoid macular oedema. A variety of approaches to the treatment of cystoid macular oedama have been attempted, with a variable degree of success. These options have included topical and systemic steroids, topical and oral non-steroidal anti-inflammatory agents and laser photocoagulation treatment. Other therapeutic modalities, including immunomodulators, intravitreal injection of triamcinolone, and pars plana vitrectomy have also been employed. More recently the use of anti-VEGFs and steroid slow-release intravitreal devices for the management of cystoid macular oedema secondary to uveitis and diabetes.

**Key words**: anatomy, pathophysiology, macular oedema, cystoid macular oedema, diabetic macular oedema, diagnosis, treatment, corticosteroids, triamcinolone, laser photocoagulation, vitrectomy VEGF and avastin.

#### List of abbreviations

AIDS : Aquired immunodeficiency syndrome

BAB : Blood-aqueous barrier

BCVA : Best corrected visual acuity
BRVO : Branch retinal vein occlusion
CAIS : Carbonic anhydrase inhibitors

CFZ : Capillary-free zone

CME : Cystoid macular oedema

CMEA : Cystoid macular oedema angiography

CRVO : Central retinal vein occlusion

cSLO : Confocal scanning laser ophtalmoscope

DDS : Drug delivery system

DME : Diabetic macular oedema ELM : External limiting membrane

ERG : Electroretinogram

ETDRS : Early Treatment Diabetic Retinopathy Study

FA : Fluorescein angiography

FDA : Food and drug administration
HRT : Heidelberg retinal tomography
ICAM-1 : Intracellular adhesion molecule-1

ICG : Indocyanine green

IGF-1 : Insulin-like growth factor-1ILM : Internal limiting membrane

IOP : Intra ocular pressure

ISPR : Inner segment photoreceptor

KHZ : Kilo hertz

ME : Macular oedema

MHZ : Mega Hertz

MMG : Mild macular grid

ND:YAG : Neodymium: yttrium- Aluminum- Garnet

NFL : Nerve fiber layer

NPDR : Non-proliferative diabetic retinopathy
NSAIDS : Non steroidal Anti-inflammatory Drugs

OCT : Optical Coherence Tomography
OSPR : Outer segment photoreceptors

PAF : Platelet- activating factor

PDR : Proliferative diabetic retinopathy

PGS : Prostaglandins PKC : Protein kinase C

PPV : Pars plana vitrectomy

PR : Photoreceptor

PRP : Pan retinal photocoagulation PVD : Posterior vitreous detachment

RP : Retinitis pigmentosa

RPE : Retinal pigment epithelium SRD : Serous retinal detachment

SLO : Scanning laser Ophthalmoscope

TA : Triamcinolone acetonide

VA : Visual acuity

VEGF : Vascular endothelial growth factor

VMT : Vitreomacular traction

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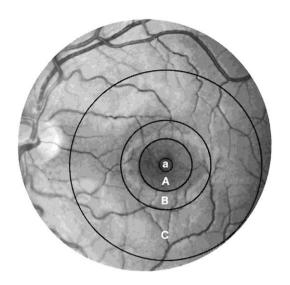
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### Anatomy of the macula

Anatomically the macula (macula lutea or central retina) is defined as that portion of the posterior retina that contains xanthophyll and two or more layers of ganglion cells. It measures approximately 5.5 mm in diameter and is centered approximately 4 mm temporal to and 0.8 mm inferior to the center of the optic disc (Fig. 1-1) (*Gass*, 1997).

On the basis of microscopic anatomy, the macular area can be further subdivided into several zones. The fovea (fovea centralis) is a depression in the inner retinal surface in the center of the macula (Fig. 1-1; A). It measures approximately 1.5 mm or one disc diameter in size. The central floor of the fovea is called the foveola. It measures approximately 0.35 mm in diameter (Fig. 1-1; *a*). It lies within the capillary-free zone (cfz), which measures approximately 0.5 mm in diameter in most patients (Fig. 1-1; *cfz*). A small depression in the center of the foveola is called the umbo (Fig. 1-1; *u*). The Fovea is surrounded by a 0.5-mm-wide ring zone where the ganglion cell, inner nuclear layer, and outer plexiform layer of Henle are the thickest is called the parafoveal area (Fig. 1-1; *B*). This zone is in turn surrounded by a 1.5-mm zone referred to as the perifoveal area (Fig. 1-1; C), with a max retinal thickness (approximately 0.55 mm) at the foveal margin and minimal thickness (0.13mm) at the umbo (*Gass*, 1997).



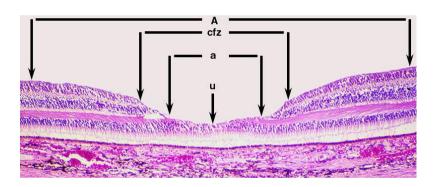


Fig. 1-1 Normal Macula (Hogan and Alvarado et al, 1971)

Topographic anatomy *(above)* and histopathology (below) of the macula. **A**, Fovea containing the foveola (a), capillary-free zone (cfz), and umbo (u). **B**, Parafovea. **C**, Perifovea.

Ophthalmoscopically, the anatomic subdivisions of the macula are ill defined. Where, the center of the macula appears as a poorly defined, one-fourth to one disc diameter size zone of greater pigmentation that is maximum in the foveolar area. The foveal reflex appears to lie just in front of the center of the foveola in most normal eyes and therefore overlies the anatomic umbo. There are no consistent ophthalmoscopic landmarks to indicate the margins of either the 0.35-mm diameter foveola or the 1.5-mm diameter fovea. The margins of the

capillary-free zone of the retina that in most patients measures approximately 500  $\mu$ m in diameter angiographically can only be estimated biomicroscopically because the perifoveolar capillary network is not visible(Fig.1-2, A). In younger patients an oval or round halo light reflex at the inner retinal surface may correspond with the foveal margin (Fig. 1-2, B). Whereas, the foveal depression can be visualized with the narrow slit-lamp beam. ( $Justice \ and \ Lehmann, 1976$ )(Gass, 1997).

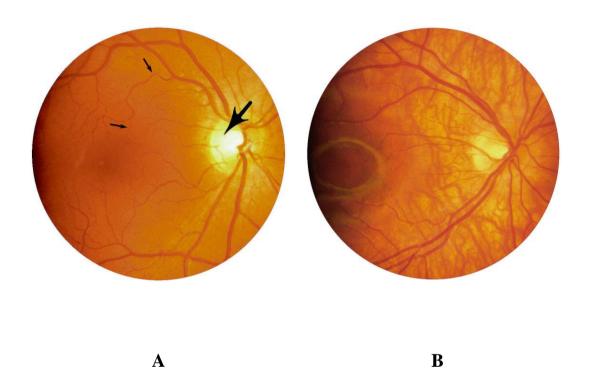


Fig. 1-2 Ophthalmoscopic Appearance of Normal Macula.

#### (Gass, 1997)

**A:** Brunette fundus showing moderate to heavy concentration of pigment in the RPE that obscures most of the choroidal vessels. Note greater density of pigment in the macular area, the cilioretinal artery (large black arrow), a first order arteriole (upper black arrow), and a second-order arteriole (lower black arrow).

**B:** Blond fundus, choroidal vessels arc visible every where except in the macular area. The oval light reflex in the macula of this young child is located at the margin of the fovea.