Acknowledgment

Praise to **Allah** who gave me everything, keep me guided and who allowed this work to be done.

It is indeed an honor to me to be supervised by **Prof. Dr./ Hoda M. Saber Naeim**,

Professor of Ophthalmology, Faculty of Medicine, Ain Shams

University, who was really so supportive & helpful to me in this study.

And I'm really grateful to Dr./ Raafat Ali Rihan, Assistant Professor of Ophthalmology, Faculty of Medicine, Ain Shams University, for his valuable advices and continuous efforts and his guidance to me throughout this study.

And of course, I can't find enough words to thank my parents, my family and all my professors for their endless support.

Intravitreal Drugs in Diabetic Macular Oedema

Essay
Submitted for Partial Fulfillment of Master Degree

Ophthalmology

in

By

Mahmoud Al-Sayed Abbas Abdul-Motaleb *M.B.B.Ch*

Supervisors

Prof. Dr. Hoda M. Saber Naeim

Professor of Ophalmology Faculty of Medicine Ain Shams University

Dr. Raafat Ali Rihan

Assistant Professor of Ophthalmology Faculty of Medicine Ain Shams University

Faculty of Medicine Ain Shams University 7 . . \

استخدام الحقن بالأدوية داخل الجسم الزجاجي في تورم المقولة بسبب مرض البول السكري

رسالة مقدمة توطئة للحصول على درجة الماجستير في طب وجراحة العين

من الطبيب/ محمود السيد عباس بكالوريوس الطب والجراحة

تحت إشراف الأستاذ الدكتور/ هدى محمد صابر نعيم أستاذ طب وجراحة العين كليه الطب – جامعة عين شمس

> دكتور/ رأفت على ريدان أستاذ مساعد طب وجراحه العين كليه الطب - جامعة عين شمس

> > كليه الطب جامعة عين سمس

List of Abbreviation

AGES : Advanced glycation end products

ALT : Argon laser trabeculoplasty

ARI : Aldose reductase inhibitor

BCVA: Best corrected visual acuity

BDR : Background diabetic retinopathy

BRB : Blood retinal barrier

BRVO: Branch retinal vein occlusion

CAI : Carbonic anhydrase inhibitor

CFT : Central foveal thickness

CI : Confidence interval

CME : Cystoid macula edema

CRVO : Cetral retinal vein occlusion

CSME : Clinically significant macular edema

DAG: Diacylglecrol

DM : Diabetes mellitus

DR : Diabetic retinopathy

ETDRS: Early treatment diabetic retinopathy study

FA: Fluorescein angiography

FAZ: Foveal avascular zone

FFA: Fundus fluorescein angiography

GH : Growth hormone

HBP: High blood pressure

HLA: Human leukocyte antigen

IDDM: Insulin dependent diabetes mellitus

IGF : Insulin growth factor

ILM: Internal limiting membrane

INL : Inner nuclear layer

IOP : Intraocular pressure

IRMA : Intraretinal microvascular abnormality

IVTA : Intravitreal triamcinolone acetinoid

LDL: Low density protein

NFL : Nerve fiber layer

NIDDM: Non insulin dependent diabetes mellitus

NPDR : Non proliferative diabetic retinopathy

NV : Neovascularization

NVG : Neovascular glaucoma

OCT : Optical coherence tomography

ONL : Outer nuclear layer

OPL : Outer plexiform layer

PDR : Proliferative diabetic retinopathy

PEDF: Pigment endothelial deraived factor

PKC: Protein kinase C

PRP : Panretinal photocoagulation

ROS : Reactive oxygen species

SCMT : Standrised change in macular theckining

SLT : Selective laser trabeculoblasty

VEGF : Vascular endothelial growth factor

VMT: Vitreo-macular traction

CONTENTS

Subjects	Pages
AIM OF THE WORK	١
ANATOMY OF THE MACULA	
•Macroscopic anatomy	۲
Microscopic anatomy	٤
Blood supply of the macula	٨
Blood retinal barrier	١.
EPIDEMIOLOGY AND RISK FACTORS	
OF DIABETIC MACULAR EDEMA	١٦
•Epidemiology of DME	
•Hyperglycemia	۲.
•Genetic factor	71
Type & duration of diabetes	77
Systemic factors	77
Ocular factors	٣.
PATHOGENESIS AND PATHOPHYSIO- LOGY OF DIABETIC MACULAR EDEMA	
Pathophysiology	47
Presumed biochemical mechanism in pathogenesis	٣٨
•Role of sorbitol accumulation	٤٠
•Role of AGEs	٤١

•Role of PKC-β pathway	٤٣
•Role of oxidative stress	٤٥
•Role of angiogenic factors	٤٦
•The breakdown of BRB and its effect	٤٨
DIAGNOSIS OF DIABETIC MACULAR	
•Clinically significant macular edema	٥٣
, ,	0 1
(CSME)	0 {
•Detection of macular edema	
•Classification and clinical form of DME	٦٢
•Focal macular edema	7 7
Diffuse macular edema	70
•Ischemic maculopathy	79
Other forms of macular edema may be	Y Y
present in patient with diabetic retino-	
pathy	
INVESTIGATIONS OF DIABETIC	
MACULAR EDEMA	
 Fundus flouresceine angiography (FFA). 	٧٥
Optical coherence tomography (OCT)	۸۳
TREATMENT OF DIABETIC MACULAR	
EDEMA	
	م پ
Focal or grid laser photocoagulation	98
Role of vitreous	99

Pars plana vitrectomy	1.1
 Pars plana vitrectomy with ILM peeling 	1 • £
INTRAVITREAL DRUG APPLICATION	
Triamcinolone	١٠٨
Structure and pharmacokinetics	١٠٨
Dosage and preparation	117
Technique of injection	115
Mechanism of action	110
• Efficacy	117
Side effects and complications	175
Other intravitreal drugs	177
	174
COMBINATION THERAPY OF IVTA PLUS	
SEQUENTIAL GRID LASER	
SUMMARY	1 2 7
	١٤٦
REFERENCES	
ARABIC SUMMARY	-

Aim of the Work

Aim of the Work

The aim of this work is to highlight and evaluate the role of intravitreal drugs in diabetic macular edema.

Anatomy of the Macula

Macroscopic anatomy:

Retina or nervous coat of the eye is a delicate diaphanous tissue that varies in thickness: ',' mm at the umbo, ',' mm at the foveal margin and adjacent to the optic nerve head (ONH), ',' mm at the ora serrata and ',' mm at the equator.

The macula (macula lutea or central retina): is defined anatomically as that portion of the posterior retina that contains xanthophyll and two or more layers of ganglion cells. It measures approximately °, °mm in diameter and is centered approximately 'mm temporal to and ·, hmm inferior to the center of the optic disc. It corresponds to approximately 'o degrees of the visual field (Gass, 1991).

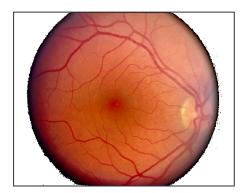


Fig. (1): Ophthalmoscopic appearance of the retina to show the macula lutea (yellow around fovea).⁽¹⁾

The fovea (fovea centralis): is a depression in the inner retinal surface at the center of the macula with a diameter of \,o

mm (about 'disc diameter). Ophthalmoscopically it gives rise to an oval light reflex because of the increased thickness of the retina and internal limiting membrane at its border.

The foveola (foveal pit): forms the central floor of the fovea and has a diameter of \cdot , ro mm. It is the thinnest part of the retina.

The foveal avascular zone (FAZ): is located within the fovea but extends beyond the foveola. The exact diameter is variable and its location can be determined with accuracy only by fluorescein angiography.

The umbo: is a tiny depression in the very center of the foveola which corresponds to the foveolar reflex, loss of which maybe an early sign of damage (**Jack J Kanski**, **••**).

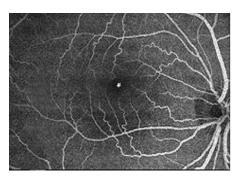


Fig. (*): Foveal avascular zone (FAZ) determined by fluorescein angiography. (*)

Microscopic anatomy:

The retina is composed of ' layers, from the outside (nearest the blood vessel enriched choroid) to the inside (nearest the gelatinous vitreous body) they are:

1- Retinal pigmented epithelium (RPE): a single layer of cubical cells which are supporting cells for the neural portion of the retina. It is also dark with melanin which decreases light scatter within the eye. The cells are in close contact with Bruch's membrane (*Kolb et al*, 1997).

Macular RPE cells are characterized by being narrower, taller and more highly uniform than cells of RPE elsewhere. Pigment granules are present throughout cytoplasm of macular RPE where they are present mainly in apical cytoplasm of extra-macular RPE. So more pigment granules per unit area are present in the macula than elsewhere. Also pigment granules are different in extramacular RPE (melanin granules) than macular RPE (pure lipofuscin granules and mixture of lipofuscin and melanin granules).

Y- Photoreceptors (bacillary) layer: contains the outer and inner segments of cone and rod photoreceptors.

Rods are about '\' millions and are responsible for the light sense, light movement and scotopic vision. While cones are about '\' million with the maximum concentration at the

center of the retina and are responsible for the color sense and photopic vision. The fovea contains only cones.

- ν- External (outer) limiting membrane: widely fenestrated membrane that contains holes through which cones and rods pass.
- ²- Outer nuclear layer (ONL): contains the cell bodies of cones and rods.
- o- Outer plexiform layer (OPL): contains the cone and rod axons, horizontal cell dendrites, bipolar dendrites (*Kolb et al.*, 1997).

Henle fiber layer is the portion of OPL in the central retina in which photoreceptors axons (inner fibers) course obliquely roughly parallel to ILM. These are fibers of cones diverted from the center of the fovea. They assume steeper slope towards the periphery so they are practically vertical at the margin of the central area. This arrangement of inner fibers creates a large potential space allowing pathological accumulation of edema fluid and exudates. This is clinically seen as radially oriented cystoid spaces of macular star with lipid exudation (*Gass*, 1991).

- 7- Inner nuclear layer: contains the nuclei of horizontal cells, bipolar cells, amacrine cells, and Müller cells.
- Y- Inner plexiform layer: shows the synapse between the axons

of bipolar cells, amacrine cells and dendrites of ganglion cells.

A- Ganglion cell layer: contains the nuclei of ganglion cells which are the second order neuron in the visual pathway (Kolb et al, 1997).

The ganglion cell layer in the macula is characterized by being greater than one cell in thickness. Outside of the macula, the ganglion cell layer consists of a single row of continuous cells (*Gass*, 1991).

9- Axons (nerve fibers) layer: contains the nerve fibers from ganglion cells traversing the retina to leave the eye at the optic disk.

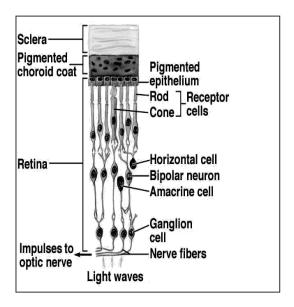


Fig. ($^{\vee}$): Layers of the retina. $^{(^{\vee})}$

'-- Internal limiting membrane: separates the retina from the vitreous (Kolb et al, 1997).

Macula is further defined by high concentration of cones among photoreceptors, thick ILM and obliquely oriented fibers of OPL (Henle fibers) (*McDonel*, 1995).

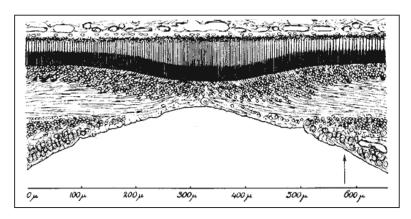


Fig. (4): Central fovea of the human retina. (7)

Blood supply of the macula:

The macula is divided into \(^{\text{r}}\) layers according to blood supply:

Outer layer:

RPE, photoreceptors (especially the foveal cones) and OPL are supplied by transudation from chorio-capillaris network which is derived from posterior ciliary arteries (choroidal circulation).

The choriocapillaris is thicker over the posterior pole than the periphery and it is thicker over the macular area than any other part. The choroidal capillaries are larger in diameter