

Fluocinolone acetonide implant (Iluvien®) in Birdshot cystoid macular edema

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Background: The development of cystoid macular edema (CME) in Birdshot chorioretinopathy (BSCR) occurs in up to 50% of patients and the mainstay of therapy are corticosteroids administered orally, by intravitreal injection or intravitreal implant.

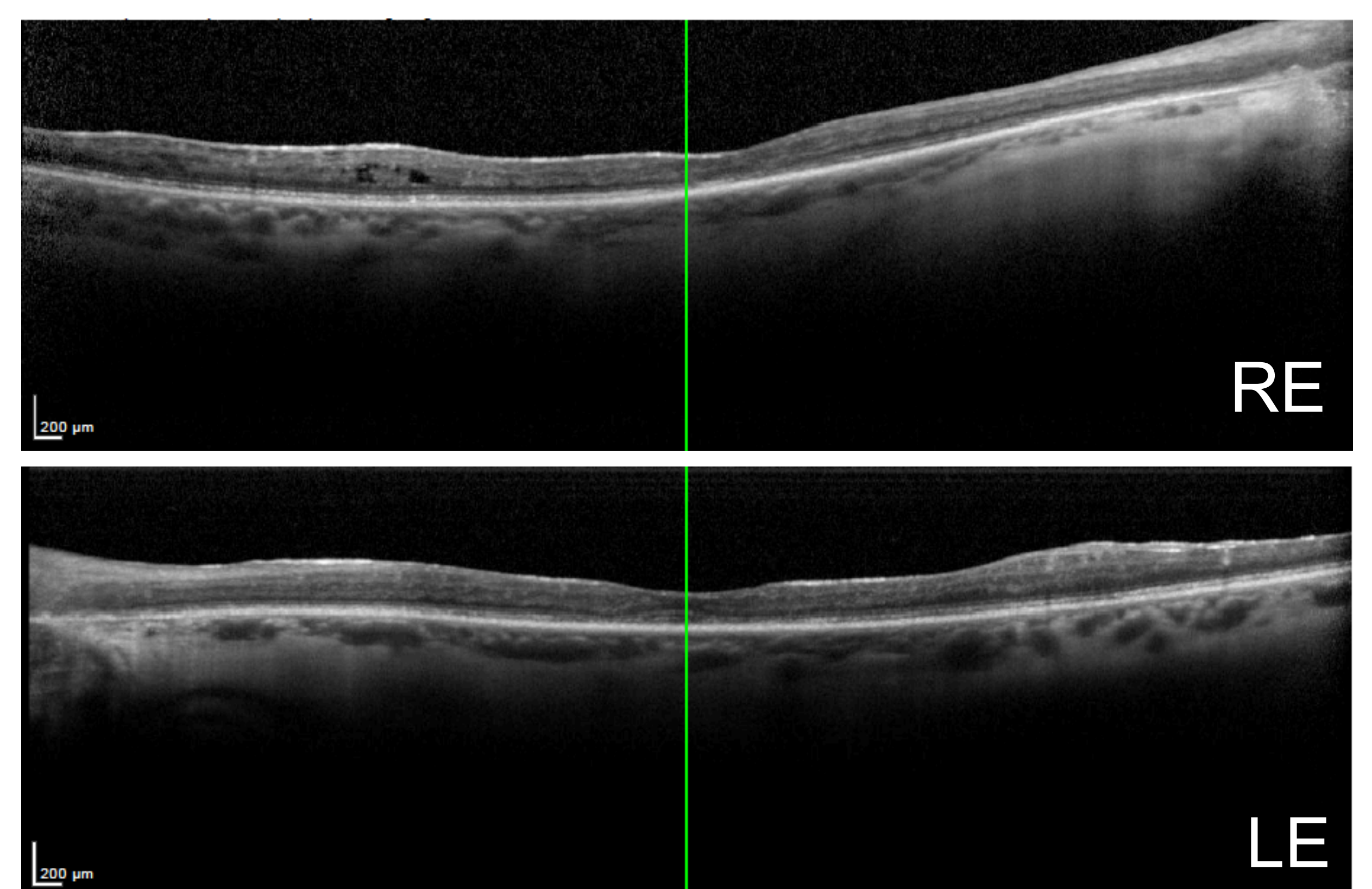
Patients & Methods: The authors present 2 cases of BSCR with chronic CME treated with fluocinolone acetonide implant (Iluvien®). Both cases were also under treatment with corticoid-sparing drugs.

Results: Both cases of BSCR presented with a chronic CME refractory to oral immunosuppression.

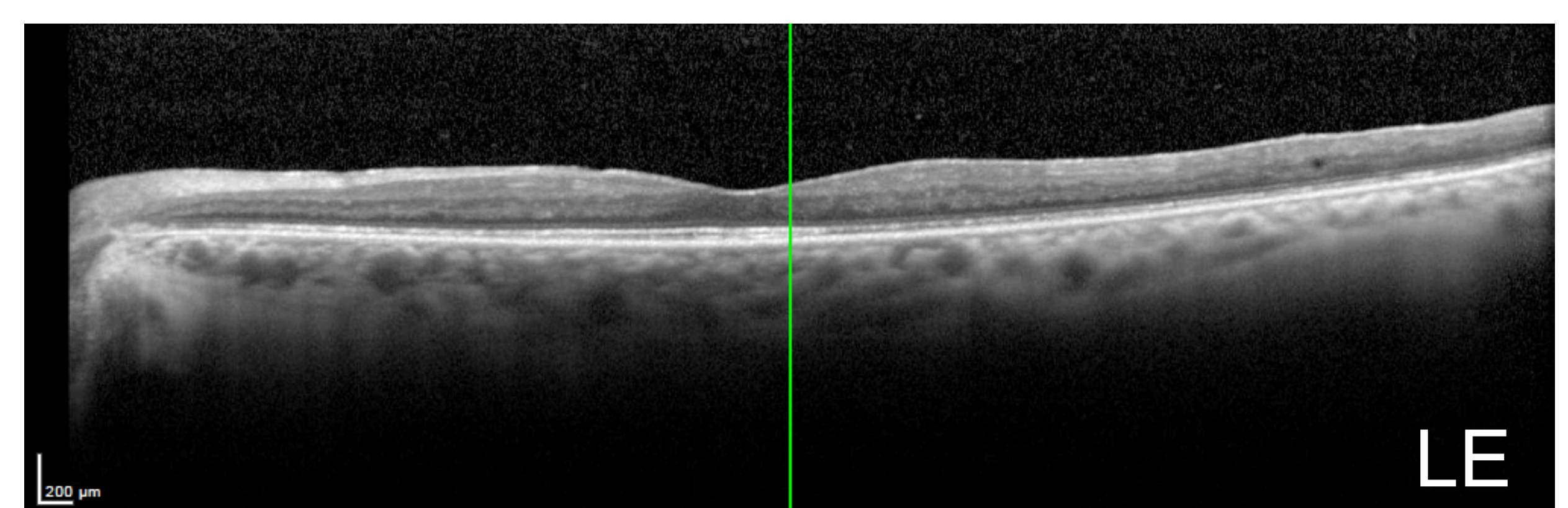
Case1: After 6 dexamethasone implants (Ozurdex®), 3 in each eye, with a 6 month interval between each implant, the patient was treated with the fluocinolone acetonide implant (Iluvien®) and cataract surgery in both eyes. The cataract development seemed to be secondary to previous treatment with intravitreal steroids.

Case2: The second patient was treated initially with 2 dexamethasone implants (Ozurdex®), also with a 6 month gap, in the left eye, and then with a fluocinolone acetonide implant (Iluvien®).

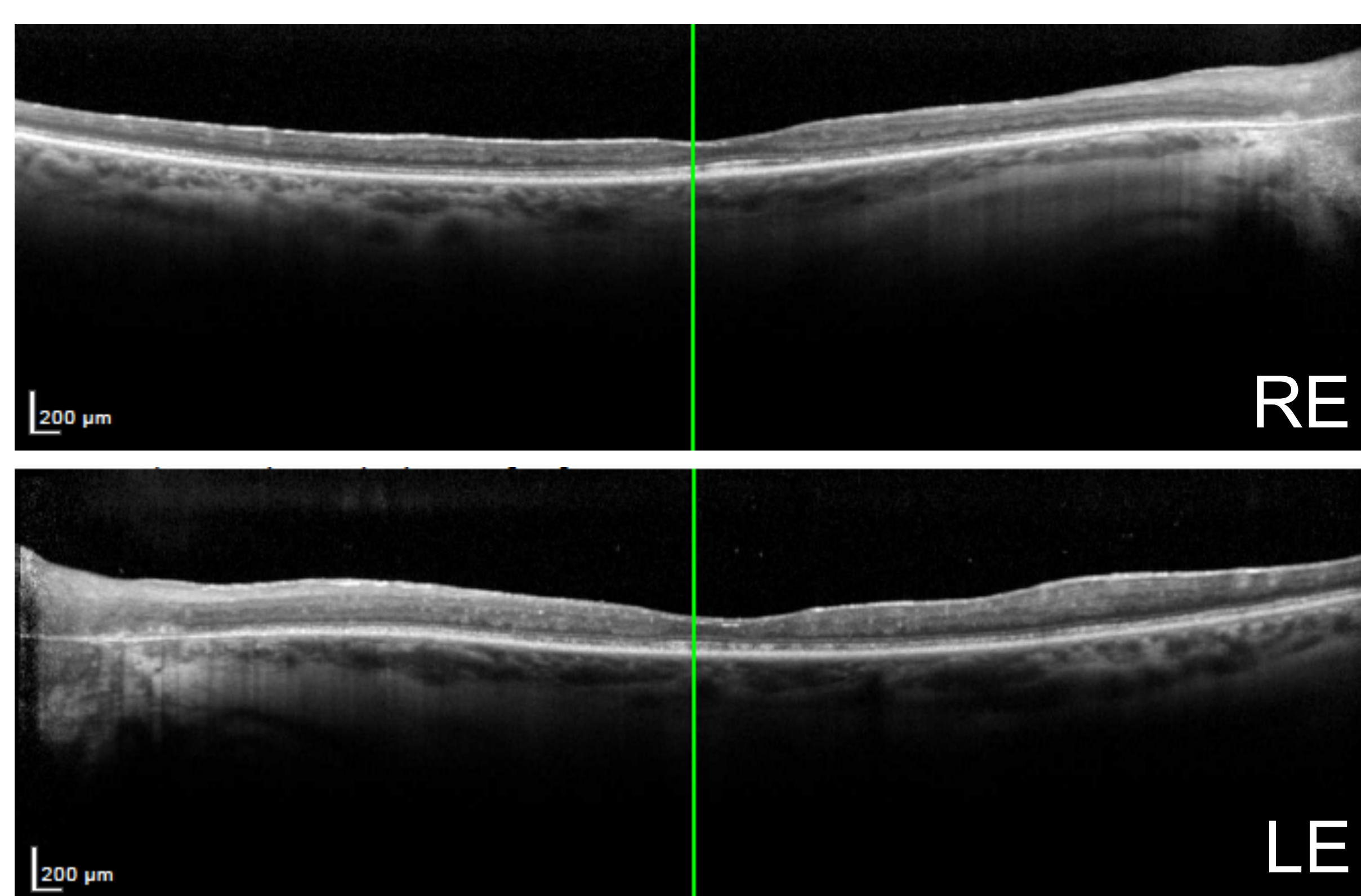
Therapy and Outcome: In both cases, there was no recurrence of CME after 6 months of fluocinolone acetonide implant (Iluvien®).



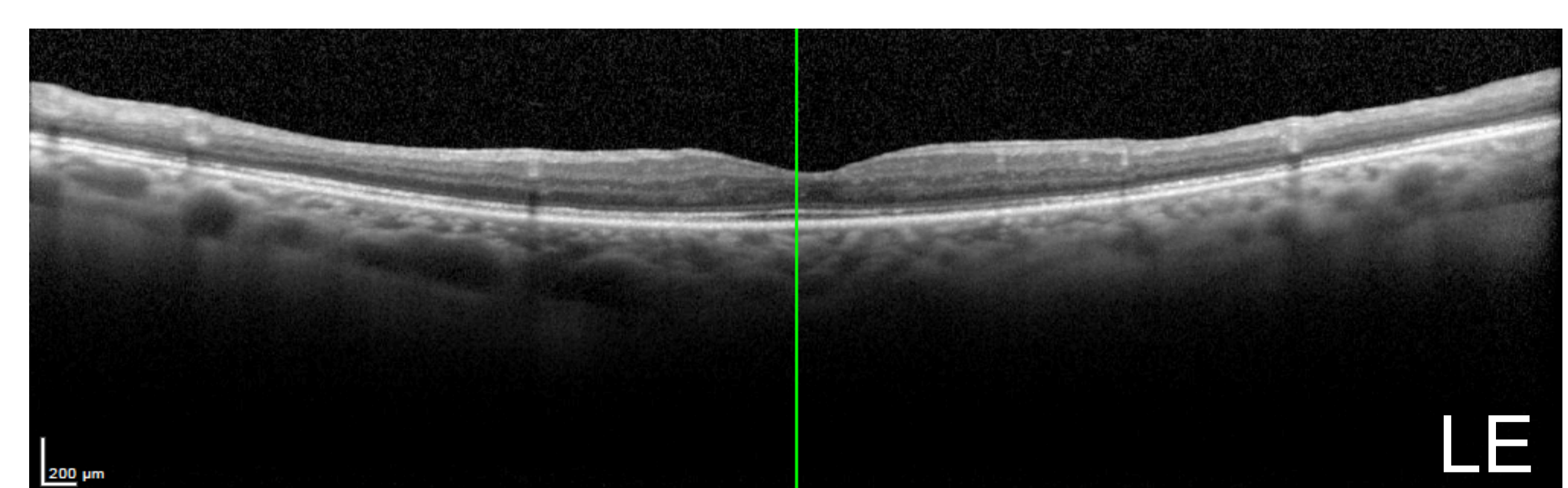
Figures case 1: OCT-SD one month after the fluocinolone acetonide implant (Iluvien®)



Figures case 2: OCT-SD one month after the fluocinolone acetonide implant (Iluvien®).



Figures case 1: OCT-SD six months after the fluocinolone acetonide implant (Iluvien®)



Figures case 2: OCT-SD six months after the fluocinolone acetonide implant (Iluvien®)

Conclusions: Treatment with intravitreal corticosteroid implants is effective in refractory CME associated to BSCR. The fluocinolone acetonide implant may be as effective as the dexamethasone implant with less frequent injections