Treatment of ischaemic central retinal vein occlusion with prophylactic anti-VEGF injections reduces the risk of neovascular glaucoma, but careful long-term monitoring for ocular new vessels remains essential

The Science behind the Tip

Approximately 20% of central retinal vein occlusions (CRVO) are ischaemic and of those, 45% develop neovascular glaucoma, usually within 7-8 months of presentation. A NIH–funded study revealed that 42% of patients with an ischaemic CRVO developed new vessels on the iris or in the angle. Despite pan-retinal photocoagulation, 8.5% subsequently progressed to neovascular glaucoma1.

In patients with CRVO injected at regular intervals over a 12-month period with aflibercept (Eylea) or bevacizumab (Avastin), none developed neovascular glaucoma over that time2,3. However, in a retrospective study where a reduced dosing schedule of anti-VEGF therapy was used in patients with CRVO, 14% developed iris new vessels and 7% neovascular glaucoma, much later than expected (19.7 months after symptom onset)4. Careful long-term monitoring for ocular new vessels is essential even if these patients are receiving anti-VEGF therapy.

References


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