

Ophthalmology Second Opinion - Extended Written Report

Date: 2022-11-08

Patient: Jane Doe

Discussion:

I have reviewed the OCT images, fundus photos, and case summary for patient Jane Doe. The quality of the OCT image from September 13, 2016 is not very good, but those from September 19 and October 19 are quite clear. I agree with the attending ophthalmologist that this patient has partial PVD in both eyes. I could not determine from the September 13 OCT image if the patient had a proximal macular hole or pseudohole in the right eye. The OCT images from September 19 and October 19 continue to show partial PVD in both eyes with a retinal cyst in the right eye. The OCT dated October 19 shows some increase in size of the cyst compared to September 19.

Approved in 2012, ocriplasmin (Jetrea) is available in the United States. This treatment is in the form of a single intravitreal injection. It was designed to be a viable option to vitrectomy surgery. The injection is straightforward and patients go home shortly thereafter. It does not require eye drops, an eye patch, and the patient need not be in the prone position. The patient will know quickly if the injection has worked because the normal response time is within 7 days.

Studies have been done comparing a single intravitreal injection of ocriplasmin to eyes that received a placebo injection. The results were vitreomacular adhesion resolved in 26.5% of those eyes injected with ocriplasmin compared to 10.1% of placebo-injected eyes. Nonsurgical closure of macular holes was achieved in 40.6% of eyes in the ocriplasmin group compared with 10.6% of placebo-injected eyes. In patients with vitreomacular adhesion diameter of 1,500 um or less, 34.7% in the ocriplasmin-treated group achieved resolution compared to 14.6% in the placebo group. With VMA diameter greater than 1,500 um, resolution rates dropped to 5.9%. Also, 37.4% of patients without epiretinal membrane in the ocriplasmin-group achieved resolution. With epiretinal membrane, resolution falls to 8.7%.

Recommendations:

Vitreomacular traction syndrome in most cases is mild with few symptoms. Since the macula is responsible for fine vision, blurriness is the most common symptom. As the macula is pulled on, it can begin to swell and in some cases a hole can develop. With this swelling, the central vision can become blurry and distorted as described by this patient. This syndrome is diagnosed by examining the retina with a dilated exam and with a retinal scan called OCT (Optical Coherence Tomography).

Only 2 sets of patients qualify for ocriplasmin injections. The first is patients who have mild symptoms and good VA (20/40 or better.) The second set of patients are those whose VA has deteriorated to 20/80 or worse.

Considering this patient's very good visual acuity, as well as the recent onset of the PVD (August 30, 2016), my recommendation concurs with the attending ophthalmologist. This patient needs close observation, every 2-6 weeks with repeat OCT images. I would not recommend ocriplasmin because the resolution rate in the study was not impressive. Although rare, there have been some instances of acute vision loss associated with an injection. Many retinal specialists in the United States are less than enthusiastic about this treatment thus far. I also would not recommend a vitrectomy at this time. This surgery is reserved for patients whose vision is disabling to functional capabilities.

My recommendation is to re-consider these treatments at the 6 month mark. This will give more time for the patient's condition to resolve spontaneously. Also, there currently is no hemorrhage or retinal tear or detachment. Conservative measures of continued exams and OCT imaging is recommended. If this patient experiences any changes to the vision, including sudden onset of floaters or large spot in vision or "curtain" over vision, she is to return immediately to her ophthalmologist.

Questions:

In response to your specific questions concerning Ocriplasmin: This injection is certainly a first alternative to vitrectomy, but if results are not achieved, the patient may still need surgery. Having an injection first does not preclude a patient from having surgery. However, ocriplasmin injections do not achieve the same results following vitrectomy. I do not know if ocriplasmin is available in other countries. The treatment involves one injection. If effective, results are achieved within 7 days. The cost is approximately \$4,000. The patient is not hospitalized for this injection. Most adverse effects were mild in severity and transient. There have been some instances of severe vision loss with an injection, but all cases vision returned to baseline or improved with time.

References:

"Eyeing the Effects of Ocriplasmin" Ophthalmology Management July 1, 2015

"Current and Potential Uses of Ocriplasmin" by Jeffrey Heier, MD, Review of Ophthalmology May 5, 2013

Retinal Consultants at Northern California at retinalmd.com

Retina-Vitreous Surgeons of Central NY, PC at rvscny.com

Additional:

This patient can always have a vitrectomy if the visual acuity deteriorates. Most cases resolve with time with no treatment. This patient should also have a fluorescein angiogram to assess any damage to surrounding blood vessels.

Electronically Signed by: Renee Reinholdt, MD on 11/08/2022 12:07:53 AM

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