

Various clinical topics: Myopic CNV, CRVO/BRVO, Radiation Retinopathy, others

MacTel, SSC, Coats' disease

NEW Kowalczyk L, Matet A, Dirani A, Daruich A, et al.	<u>EFFICACY OF INTRAVITREAL AFLIBERCEPT IN MACULAR TELANGIECTASIA TYPE 1 IS LINKED TO THE OCULAR ANGIOGENIC PROFILE.</u>	Retina. 2017 Dec;37(12):2226-2237.	The clinical response to aflibercept coupled to the angiogenic profile of MacTel 1 eyes support the implication of the placental growth factor/Fit-1 pathway in MacTel 1.
NEW Daruich A, Matet A, Moulin A, Kowalczyk L,	Mechanisms of macular edema: Beyond the surface.	Prog Retin Eye Res. 2017 Nov 7. [Epub ahead of print].	Review
NEW Matet A, Yzer S, Chew EY,	<u>CONCURRENT IDIOPATHIC MACULAR TELANGIECTASIA TYPE 2 AND CENTRAL SEROUS CHORIORETINOPATHY.</u>	Retina. 2018 Jan;38 Suppl 1:S67-S78	The codiagnosis of CSC and MacTel Type 2 should be considered in atypical presentations associating features from both disorders.
NEW	<u>MACULAR TELANGIECTASIA TYPE 2: Quantitative Analysis of a Novel Phenotype and Implications for the Pathobiology of the Disease.</u>	Retina. 2018 Jan;38 Suppl 1:S97-S104.	Microcystoid spaces as a phenotype of macular telangiectasia should be considered in the differentials for microcystic edema.
Hurtikova K, Gerding H.	Combined Laser Photocoagulation and anti-VEGF Injection Treatment in Radiation Retinopathy.	Klin Monbl Augenheilkd. 2017 Apr;234(4):515-519.	Combined anti-VEGF injection and LT can reduce macular edema due to radiation retinopathy. The follow-up demonstrates the necessity of long-term care.
Matet A, Daruich A, Zola M, Behar-Cohen F	Risk factors for recurrences of central serous chorioretinopathy.	Retina. 2017 May 29. [Epub ahead of print]	Multiple factors influence the risk of central serous chorioretinopathy recurrence. The findings of n= 45 eyes may contribute to identify higher risk.
Daruich A, Matet A, Marchionno L, De	Acute central serous chorioretinopathy: Factors Influencing	Retina 2017 Jan 6. doi: 10.1097	<i>Open access.</i> Older age, higher subfoveal choroidal thickness, and higher degree of retinal pigment epithelium alteration at leakage sites

Azevedo JD, Ambresin A, Mantel I, Behar-Cohen F.	Episode Duration		are independent factors of longer acute central serous chorioretinopathy episodes.
Daruich AL, Moulin AL, Tran HV, Matet A, Munier FL.	Subfoveal nodule in Coats' disease: Toward an Updated Classification Predicting Visual Prognosis.	Retina. 2016 Dec 23.	<i>Open access.</i> The observations suggest an updated classification introducing two subcategories within Stage 2B: without subfoveal nodule (Stage 2B1) and with subfoveal nodule (Stage 2B2).
Jurjevic D, Böni C, Barthelmes D, Fasler K, Becker M, Michels S, Stemmler J, Herbort C, Zweifel SA.	Torpedo Maculopathy Associated with Choroidal Neovascularization.	Klin Monbl Augenheilkd. 2017 Apr;234(4):508-514.	Torpedo lesions may be associated with choroidal neovascularization, which has been successfully treated with anti-VEGF therapy.
CRVO / BRVO			
Szurman GB, et al; Bevacizumab Study Group Venous Occlusion, Meyer CH.	Injection scheme for intravitreal bevacizumab therapy for macular oedema due to central retinal vein occlusion: results of a multicentre study.	Acta Ophthalmol. 2017 May;95(3):e245-e246.	
Szurman GB, Meyer CH, et al; Bevacizumab Study Group Venous Occlusion, Januschowski K.	Predictive factors for functional improvement following intravitreal bevacizumab injections after central retinal vein occlusion.	Graefes Arch Clin Exp Ophthalmol. 2017 May;255(5):1045-1046	No abstract available.
Gerding H.	Intravitreal anti-VEGF Treatment in Central Retinal Vein Occlusion (CRVO):	Klin Monbl Augenheilkd. 2017	The data show an improvement of approximately 3 lines can be maintained in the first year.

	a Meta-Analysis of One Year Results.	Apr;234(4):546-550.	
Gerding H.	Results of a Meta-Analysis on Intravitreal anti-VEGF Treatment of Macular Oedema Secondary to Branch Retinal Vein Occlusion (BRVO).	<i>Klin Monbl Augenheilkd.</i> 2017 Apr;234(4):551-555.	A substantially improved and favourable absolute visual acuity can be achieved with relatively few anti-VEGF injections in eyes with BRVO.
Myopic CNV			
Cheung CMG, Arnold JJ, Holz FG, Park KH, Lai TYY, Larsen M, Mitchell P, Ohno-Matsui K, Chen SJ, Wolf S, Wong TY.	Myopic Choroidal Neovascularization: Review, Guidance, and Consensus Statement on Management.	Ophthalmology. 2017 Jun 24 [Epub ahead of print]	European-Asian Consensus Statement on mCNV.
Hefner L, Gerding H.	6-Year Results of CNV Secondary to Pathological Myopia Treated with Ranibizumab.	Klin Monbl Augenheilkd. 2017 234:483-486	The number of injections needed to achieve stable visual acuity was lower than with other diseases that respond to anti-VEGF.
Ceklic L, Munk MR, Wolf-Schnurrbusch U, Gekkieva M, Wolf S.	Visual acuity outcomes of ranibizumab treatment in pathologic myopic eyes with macular retinoschisis and choroidal neovascularization.	Retina. 2017 Apr;37(4):687-693	<i>Open access.</i> Improvement of VA is delayed and reduced after 3 months intravitreal ranibizumab in eyes with MRS and myopic choroidal neovascularization compared to eyes without MRS. More ranibizumab injections are needed in eyes with MRS to gain comparable BCVA at Month 12.
Hasler PW, Soliman W, Sander B, et al.	The grey fovea sign of macular oedema or subfoveal fluid on non-stereoscopic fundus photographs.	Acta Ophthalmol 2017 Feb;95(1):48-51.	Awareness of the grey fovea sign may facilitate fundus photographic screening for maculopathy because its absence is a reliable sign that no foveal oedema or detachment is present.