The effect of corticosteroids and immunomodulatory treatments on macular uveitic edema (EMU) with non - infectious etiology.

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Aim: To assess safety and efficacy of corticosteroids and immunomodulatory treatments in persistent uveitic macular edema (ME).

Methods: We retrospectively analyzed medical records of patients with persistent ME secondary to chronic, noninfectious intermediate or posterior uveitis, treated with corticosteroids and immunomodulatory treatments. Optical coherence tomography has become a standard tool to confirm the diagnosis of macular thickening, due to its non-invasive, and sensitive features. Retinal fluorescein angiography is helpful to study the macula and screen for associated vasculitis, detect ischemic areas and it may provide useful information about the etiology and be needed to assess the therapeutic response.

Results: BCVA significantly improved when comparing the baseline values after the initiation of corticosteroid therapy through various routes and immunomodulatory treatment. Central macular thickness (CMT) was significantly reduced with resolution of the ME. One eye developed an IOP >30 mmHg 30 days after receiving subtenon Triamcinolone.

Conclusion: UME due to an infection may require a specific treatment. If it remains persistent or occurs in other etiologies, immunomodulatory treatments may be needed. Intravitreal, subconjunctival, or subtenon corticosteroids are widely used. Their local use is contraindicated in glaucoma patients and limited by their short-lasting action. In case of bilateral sight-threatening chronic posterior uveitis, systemic treatments are usually needed, and corticosteroids are used as the standard first-line therapy. In order to reduce the daily steroid dose, immunosuppressive or immunomodulatory agents may be added.

Keywords: Uveitis non-inflammatory, macular edema, immunomodulatory therapy, corticosteroids.