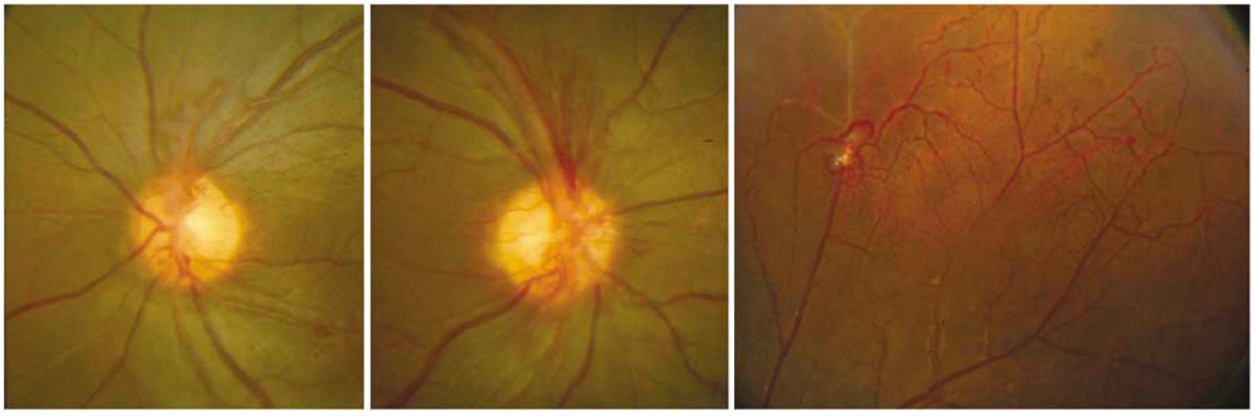

Figure 1 Photographs showing bilateral optic disc neovascularization, and peripheral ischaemia and neovascularization in the right eye.

vitreous haemorrhage, resulting in an excellent visual outcome.

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Sir,

Intravitreal triamcinolone as a primary therapy in diabetic macular oedema

Karacorlu *et al*'s article on the use of intravitreal triamcinolone in patients with diabetic macular oedema and no previous laser treatment suggested that there was some beneficial effect in the short term.[1] However , we would like to highlight several points that may affect the conclusions of their study.

Firstly, the medical history of the 12 patients in their study was not disclosed. There was no mention of known risk factors for diabetic maculopathy such as type and duration of diabetes, hypertension, nephropathy, and smoking. It is well recognised that good control of hypertension and serum glucose levels can improve diabetic macular oedema.[2,3] The improvement in the oedema and visual acuity reported in some of the patients could be attributed to concurrent improvement in their other systemic medical problems.

Eligibility criteria included persistent macular oedema despite medical treatment with topical corticosteroids, topical nonsteroidal anti-inflammatory drugs, and systemic acetazolamide. To our knowledge, diabetic macular oedema is not usually treated with any of these medications, which are normally used for cystoid macular oedema (CMO) following cataract surgery. Additionally, the angiographic definition for diabetic

macular oedema used in the study appears to be the classic definition of CMO. Therefore, it is unclear which type of macular oedema was actually treated.

Finally, we feel that the three eyes (cases 2, 5, and 8), which developed raised intraocular pressure after intravitreal triamcinolone injection and had treatment with topical beta-blockers, should have been excluded. Topical beta-blockers have been reported to be associated with the occurrence of CMO[4] and can also affect ocular blood flow.[5] As such, the use of topical beta-blockers could be a source of potential bias in the study.

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Sir,

Reply: Intravitreal triamcinolone as a primary therapy in diabetic macular oedema

We are grateful for Ziahosseini and associates' comments regarding our article.[1] Various studies have shown the benefit of intravitreal triamcinolone acetonide injection in patients with macular oedema secondary to several reasons.[2–6] In our article, the effect of intravitreal triamcinolone in 12 eyes of 12 patients with diabetic macular oedema that had no previous laser treatment was evaluated. This is the first article in the literature that shows the beneficial effect of intravitreal triamcinolone in eyes with diabetic macular oedema that had no previous laser treatment. Most of the patients in this series showed an increase in visual acuity compared to the baseline of the study. Parallel to the increase in visual acuity, central macular thickness decreased significantly. At 1-month follow-up, a reduction in mean central macular thickness of 40.8% from 448.6 to 265.4 μm was obtained. At the same period, no eyes lost vision and 10 eyes (83.2%) showed improvement. It is clear that the response of the treatment is dramatic.

The type of the macular oedema was clearly explained in the Material and methods according to the angiographic and tomographic findings. So fluorescein angiographic macular oedema was thought to be present if the typical oval or petaloid hyperfluorescent cystoid spaces radiating from the fovea were evident during fluorescein angiography. The optical coherence tomography examination was thought to show macular oedema if there were hyporeflective intraretinal cavities radiating from the centre of the macula in cross-sectional scans.

As Ziahosseini and associates pointed out that topical beta-blockers have been reported to be associated with the occurrence of cystoid macular oedema.[7] However, in our series topical medication was began at the 1 month follow up in patients, which developed raised intraocular pressure (cases 2, 5, and 8). Therefore, it was clear that all three patients showed anatomical and functional improvement before the topical beta-blockers.

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