

Sir,
Intraocular injection of bevacizumab for rubeosis capsulare in a pseudophakic eye

'Rubeosis capsulare' is an uncommon condition of neovascularisation within the lens capsule and is not amenable to conventional treatment modalities.¹ Bevacizumab, a humanised monoclonal anti-VEGF antibody is a new modality in the treatment of ocular neovascularisation. We report a rare case of rubeosis capsulare treated successfully with a single dose of intracameral and intravitreal bevacizumab injection.

Case report

A 68-year-old man with diabetes and hypertension presented with defective vision of 3 months duration in his left eye (LE) after successful cataract surgery 3 years earlier. His best-corrected visual acuity (BCVA) was perception of light right eye (RE) 6/24 LE. On examination, RE showed a mature cataract and LE had a posterior chamber intraocular lens with extensive neovascularisation and mild fibrous opacification of the posterior capsule, precluding adequate fundus view (Figure 1a). There was no angle or iris neovascularisation. Intraocular pressures were normal in both eyes (BE). B-scan ultrasonography showed structurally normal posterior segments in BE.

He was administered 0.05 ml intravitreal and 0.025 ml intracameral bevacizumab in LE after obtaining informed

written consent for off-label use of the same. One week later, the posterior capsule neovascularisation had regressed completely (Figure 1b) with improved media clarity and BCVA had improved to 6/9. Fundus examination showed proliferative diabetic retinopathy in LE for which laser pan-retinal photocoagulation (PRP) was done. The LE remained stable with no recurrence of neovascularisation at 3, 6 months and 1-year follow-up.

Comments

Bevacizumab has been successful in the treatment of rubeosis iridis and neovascular glaucoma by both intravitreal^{2,3} and intracameral routes.⁴ It is also efficacious in the treatment of anterior chamber neovascular membrane.⁵ MEDLINE search showed a single report on the use of single-dose intravitreal bevacizumab in the treatment of rubeosis capsulare with concomitant iris neovascularisation.⁶

In our patient Nd:YAG laser capsulotomy at presentation would have caused bleeding and precluded laser PRP. A single injection of intracameral and intravitreal bevacizumab resulted in the dramatic resolution of the posterior capsule neovascularisation within a week. The improvement in media clarity made laser PRP possible even without Nd:YAG capsulotomy.

In summary, bevacizumab offers a new effective option in the treatment of the rare condition of rubeosis capsulare.

References

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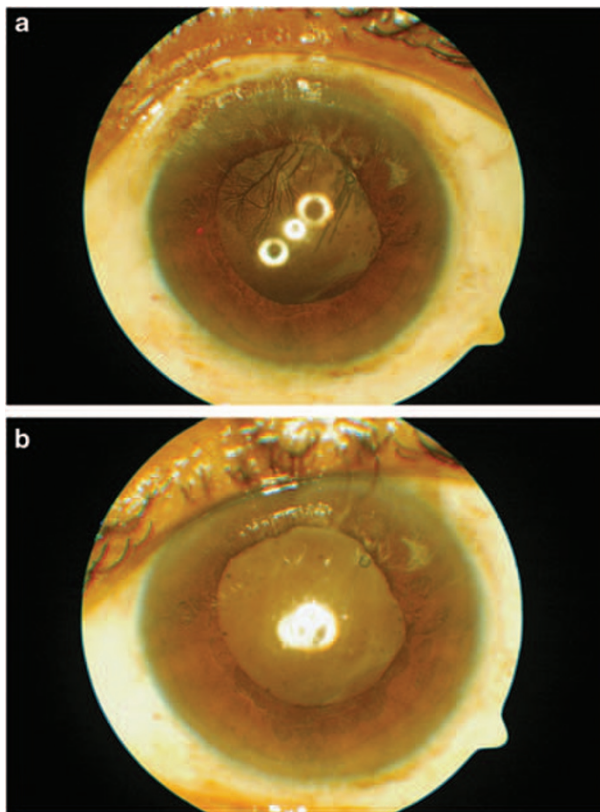


Figure 1 (a) Neovascularisation of posterior capsule and (b) regression of same 1 week after intraocular bevacizumab injection.