

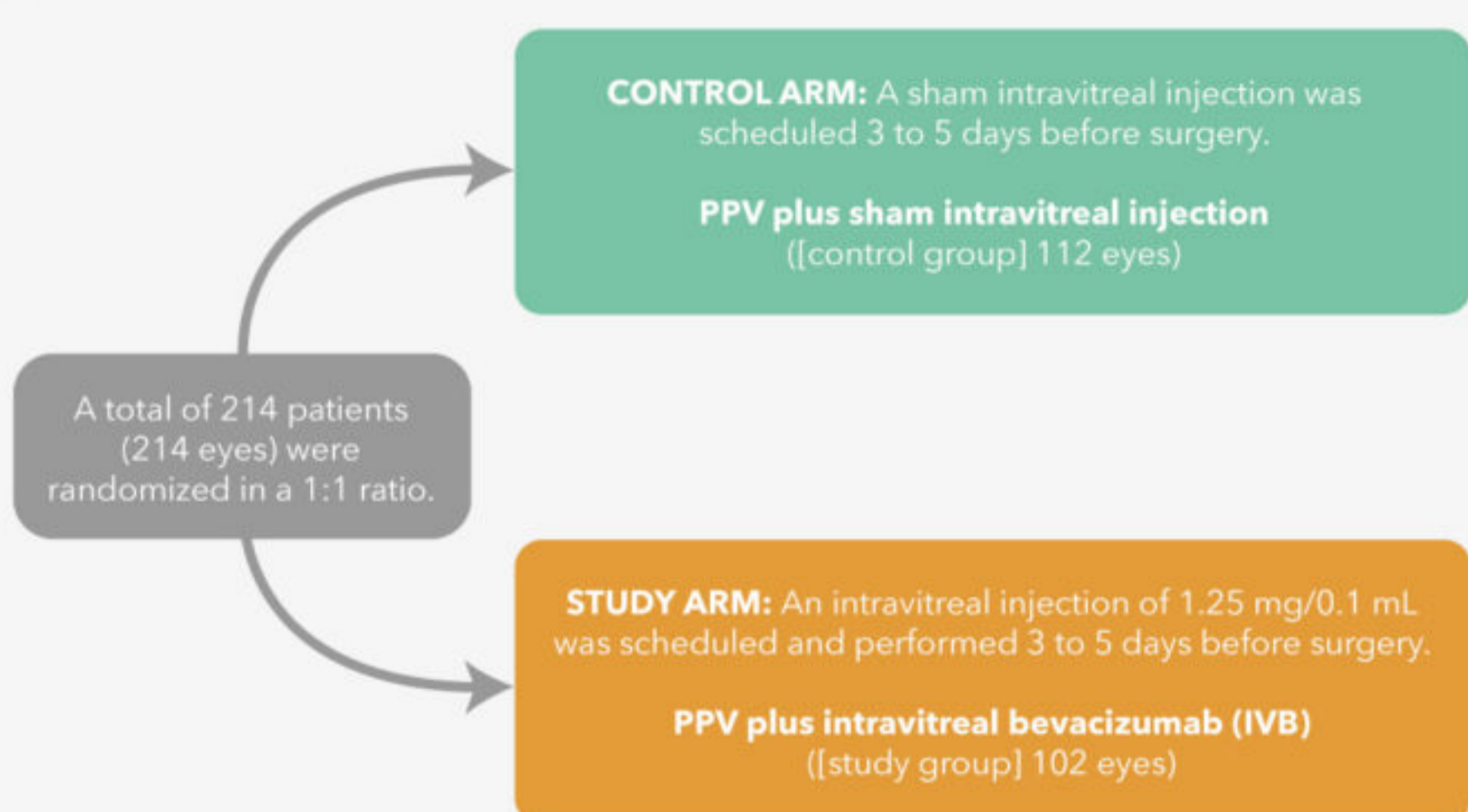
Preoperative Bevacizumab for Tractional Retinal Detachment in Proliferative Diabetic Retinopathy: A Prospective Randomized Clinical Trial

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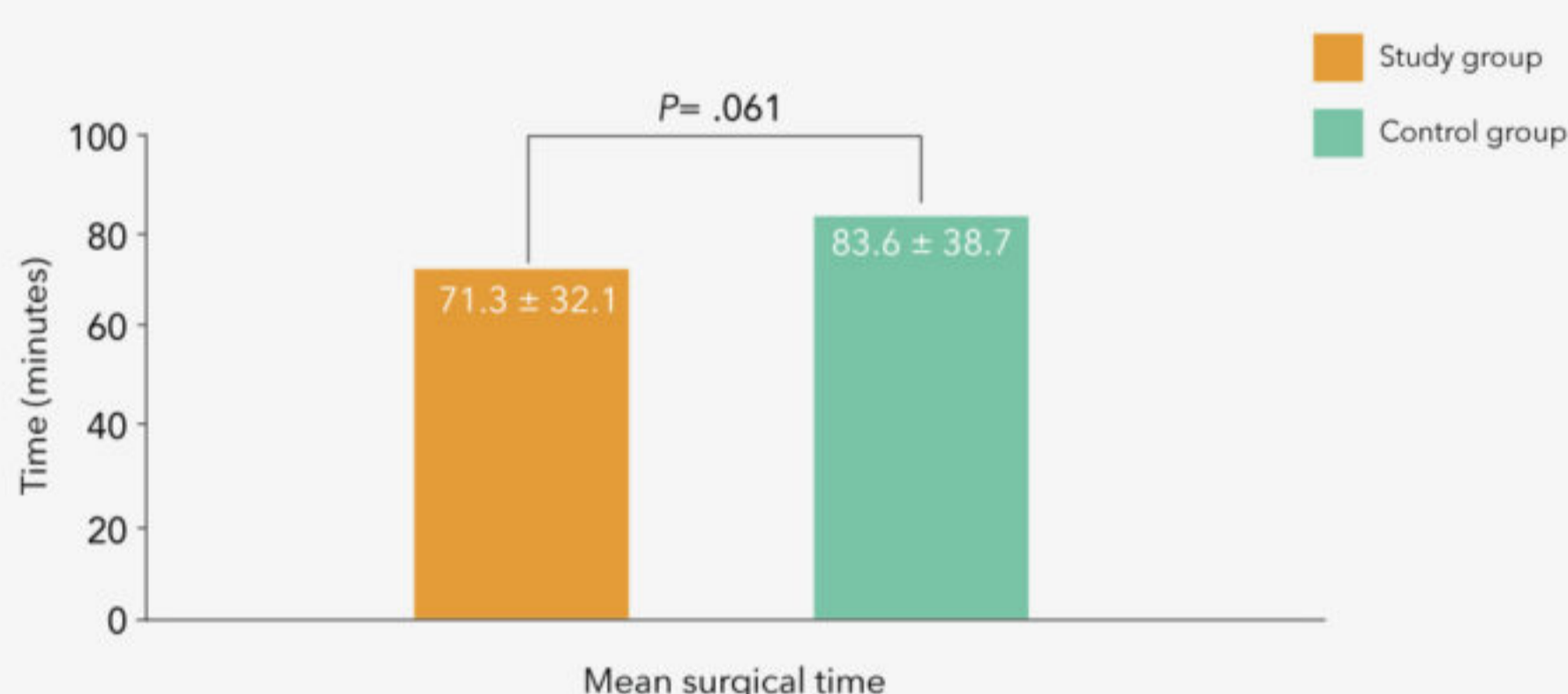
In this study the researchers assessed the effectiveness and safety of an intravitreal injection of 1.25 mg bevacizumab (IVB) as a preoperative adjunct to small-gauge pars plana vitrectomy (PPV) compared with PPV alone in eyes with tractional retinal detachment secondary to proliferative diabetic retinopathy (PDR).



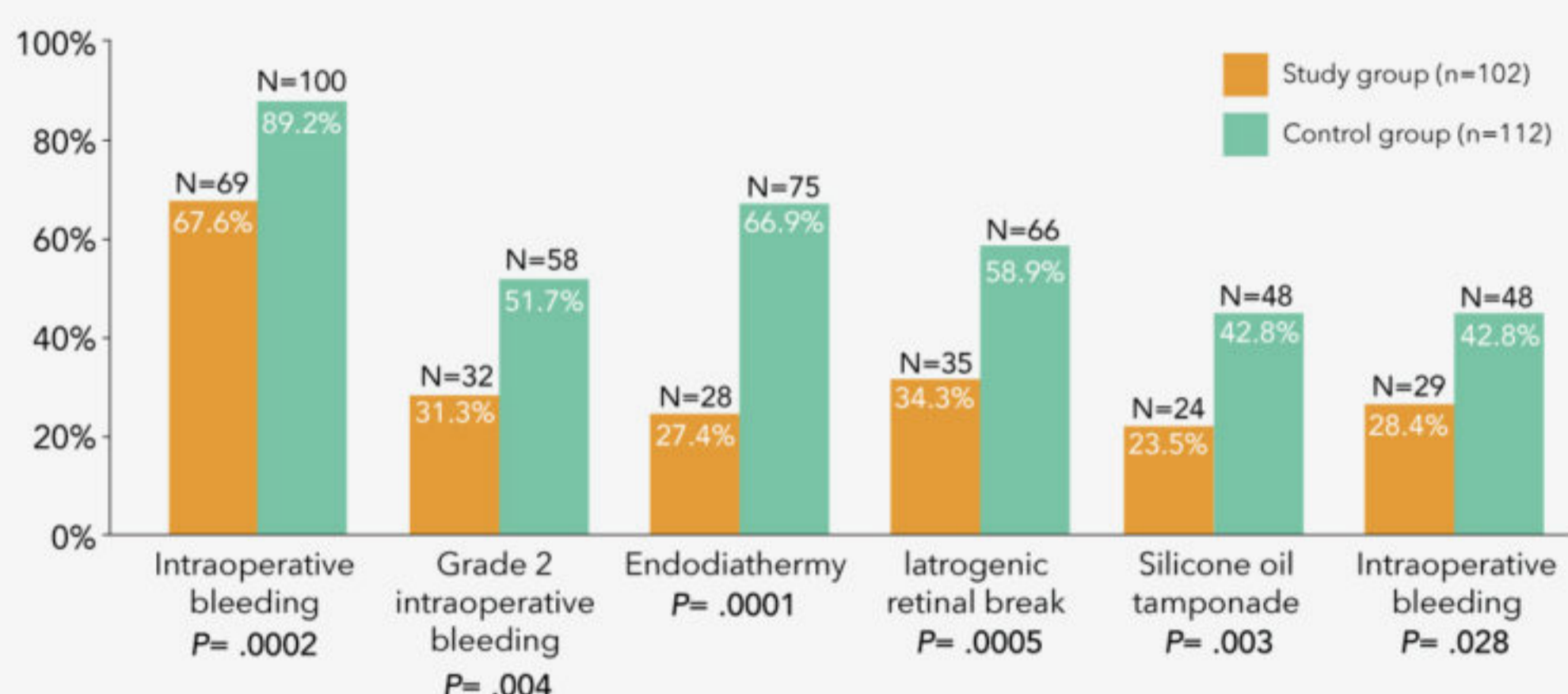
This study was a prospective, double-masked, randomized, multicenter, active-controlled clinical trial.



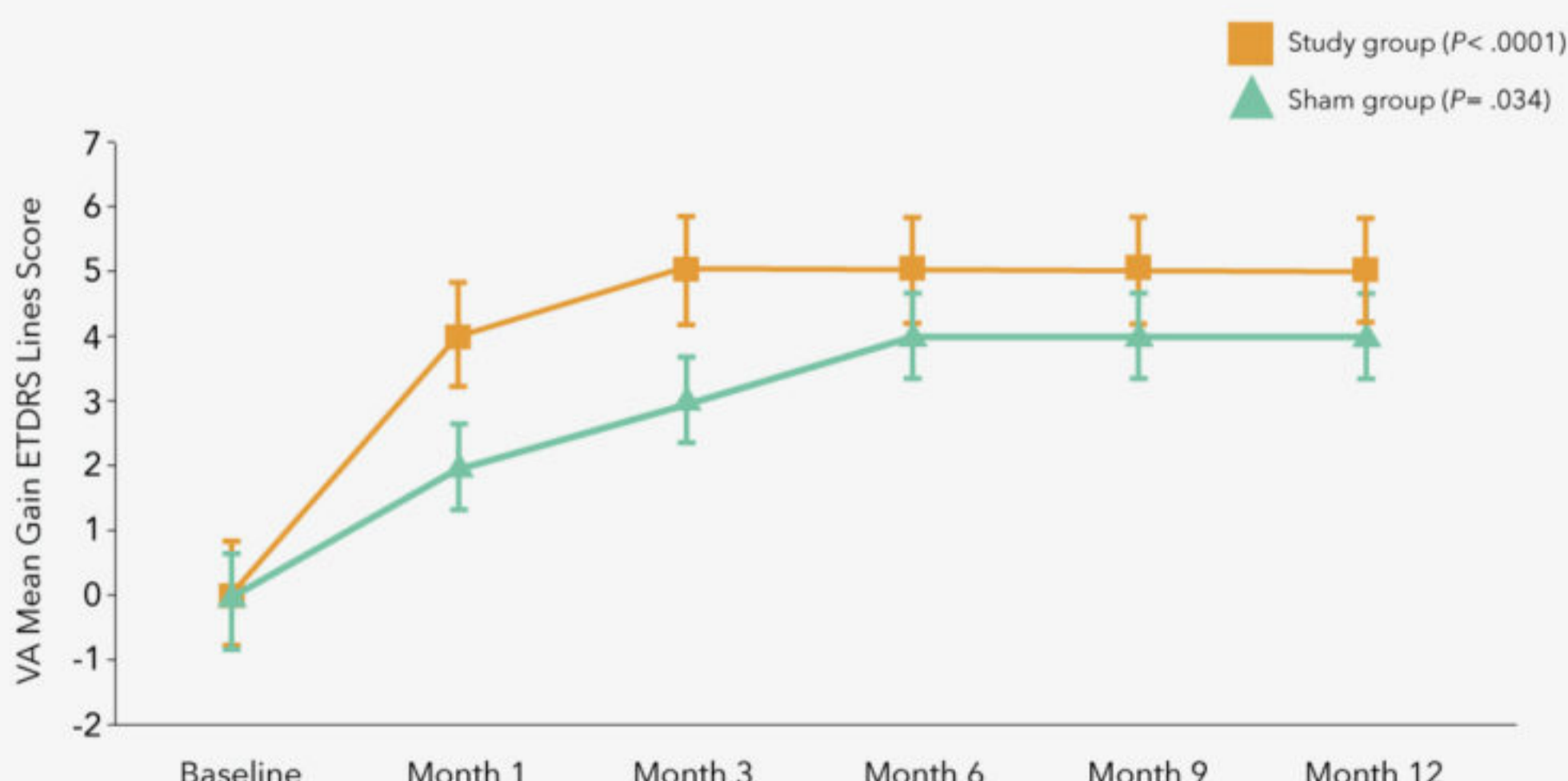
Preoperative intravitreal bevacizumab as an adjuvant to small-gauge PPV may be helpful and beneficial for patients with tractional retinal detachment (TRD) secondary to severe PDR.



Comparative Variables in Patients Who Received Intravitreal Bevacizumab Before Surgery vs Preoperative Sham Injection for TRD Secondary to PDR



Postoperative best-corrected visual acuity (BCVA) was not significantly different between groups at the end of follow-up.



Conclusions

The researchers demonstrated that preoperative intravitreal bevacizumab as an adjuvant to small-gauge PPV may be helpful and beneficial for patients with TRD secondary to severe PDR. Preoperative IVB seems to reduce intraoperative bleeding, improving surgical visual field visualization and reducing intraoperative and postoperative complications, including iatrogenic retinal tears and postoperative bleeding. However, retinal reattachment rates were also similar between both groups.

In addition, neither the postoperative BCVA nor the proportion of eyes with improved BCVA were significantly different between groups at the end of follow-up. These outcomes indicate that preoperative IVB may not be a determining factor for postoperative BCVA, as previous studies have reported.