

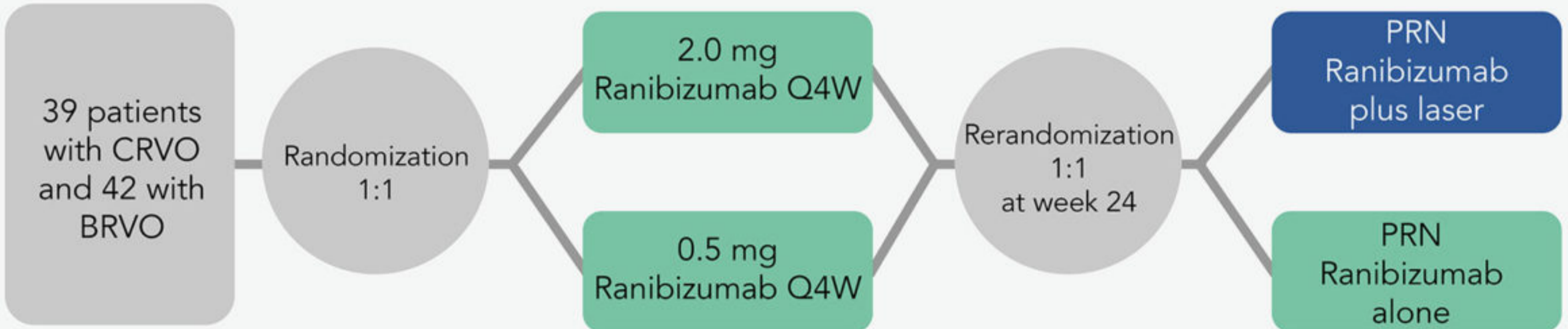
Scatter photocoagulation does not reduce macular edema or treatment burden in patients with retinal vein occlusion (RVO) The RELATE Trial

Campochiaro PA, Hafiz G, MD, Mir TA, et al. *Ophthalmology*. 2015;122:1426-1437.
doi: <http://dx.doi.org/10.1016/j.ophtha.2015.04.006>

In this paper the researchers determined whether scatter and grid laser photocoagulation (laser) adds benefit to ranibizumab injections in patients with macular edema from retinal vein occlusion and to compare 0.5-mg with 2.0-mg ranibizumab.



This randomized, double-masked, controlled trial enrolled 81 patients with best-corrected visual acuity (BCVA) of 20/40 to 20/200 with central subfield thickness (CST) of 250 μm or more.

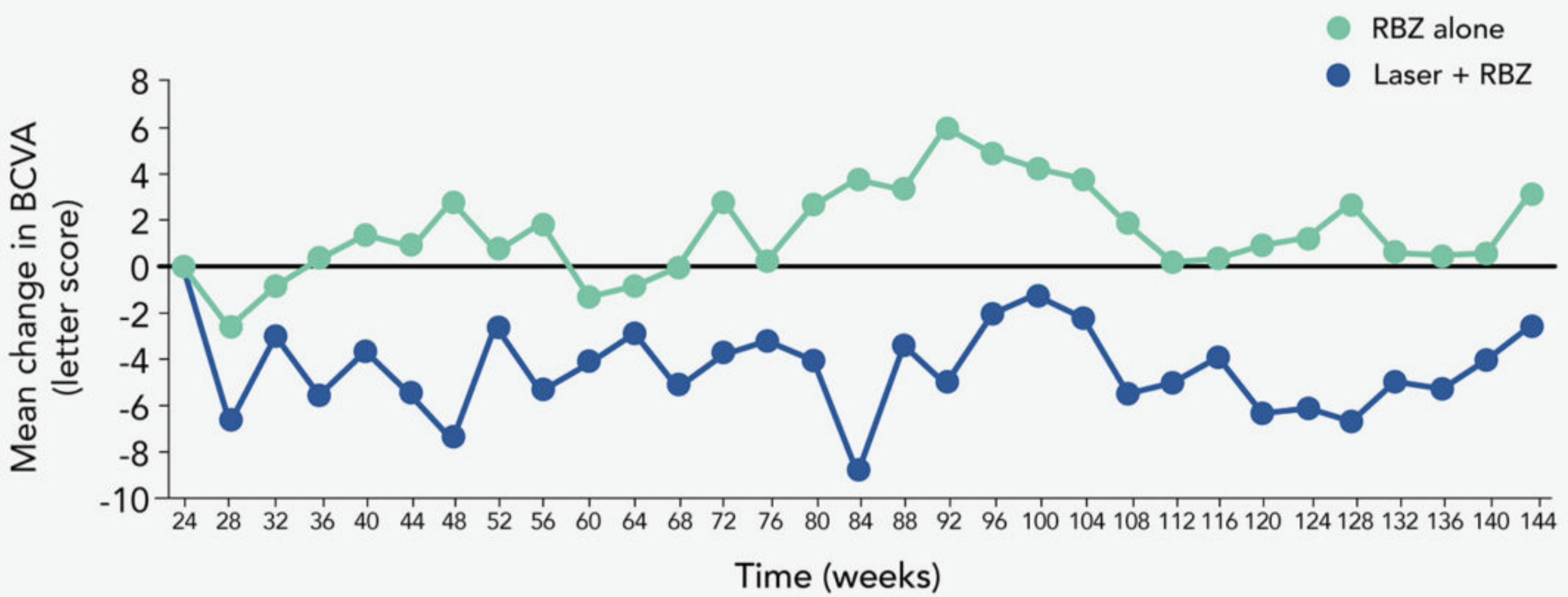


PRN = pro re nata (as needed)

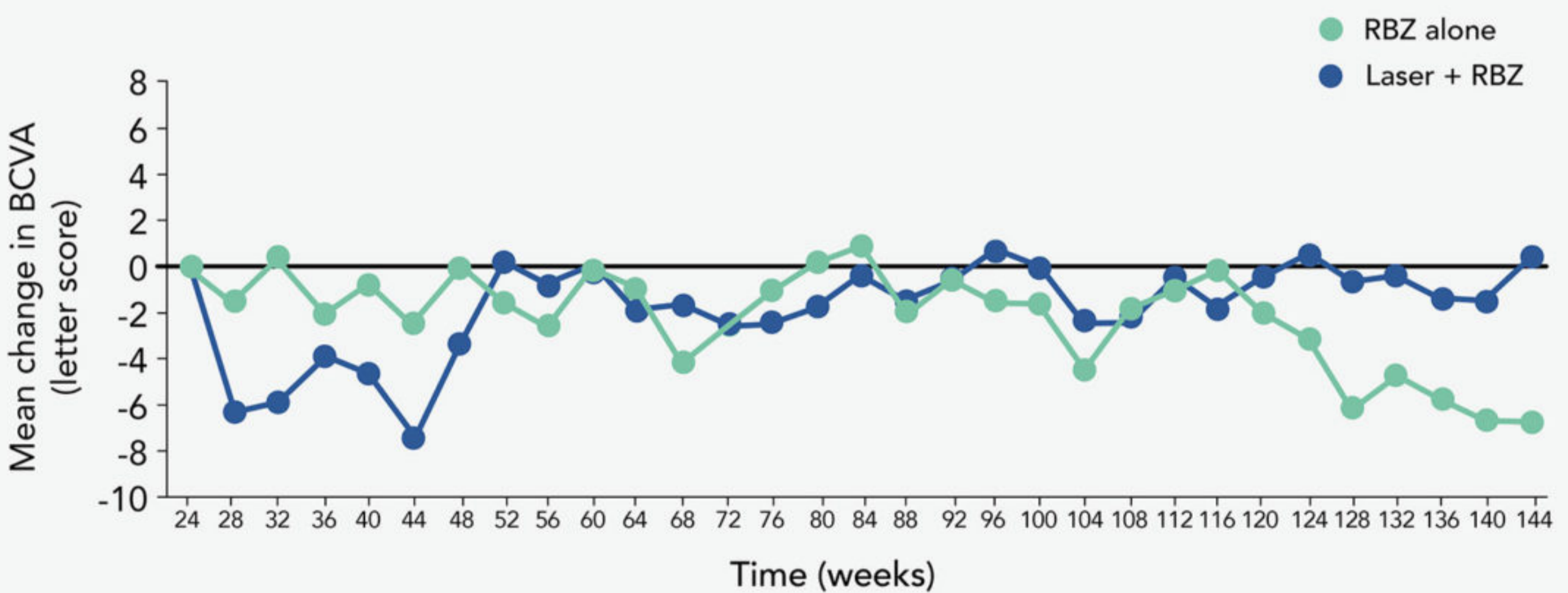


There was no long-term benefit in BCVA obtained by addition of laser treatment to ranibizumab.

Long-term visual outcomes in patients with BRVO



Long-term visual outcomes in patients with CRVO



BCVA = best-corrected visual acuity; RBZ = ranibizumab. BRVO = branch retinal vein occlusion; CRVO = central retinal vein occlusion.



Conclusions

This study failed to find a short-term (24 weeks) visual benefit among patients with chronic or recurrent edema resulting from RVO treated with 2.0 mg ranibizumab versus 0.5 mg ranibizumab. The researchers also failed to identify any evidence of long-term benefit from scatter photocoagulation in patients with chronic or recurrent edema resulting from RVO. In patients with macular edema resulting from RVO, there was no short-term clinically significant benefit from monthly injections of 2.0-mg versus 0.5-mg ranibizumab and no long-term benefit in BCVA, resolution of edema, or number of ranibizumab injections obtained by addition of laser treatment to ranibizumab.