

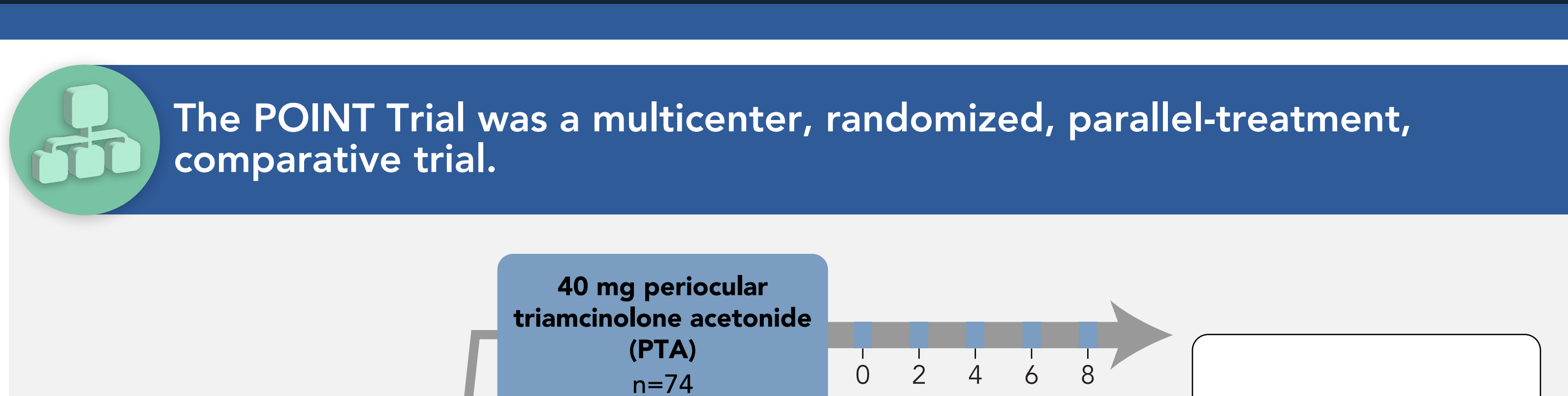
# Periocular Triamcinolone vs. Intravitreal Triamcinolone vs. Intravitreal Dexamethasone Implant for the Treatment of Uveitic Macular Edema

Thorne JE, Sugar EA, Holbrook JT, et al. *Ophthalmology*. 2019;126:283-295.  
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Macular edema (ME) is a common structural ocular complication of uveitis responsible for a substantial amount of visual impairment among patients with uveitis. Despite a wider availability of newer classes of medications used to treat uveitis, the frequency of ME has been relatively stable. Uveitic ME that persists despite control of the uveitis is typically treated with adjunctive regional corticosteroid injections, which may be delivered via a periocular or intravitreal route. There have been, however, limited comparative trials of the periocular and intravitreal corticosteroid therapies.

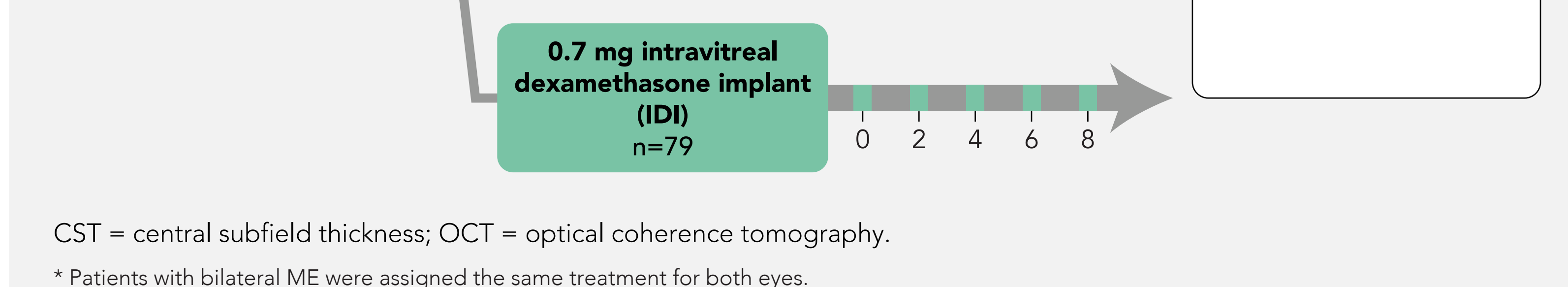
The PeriOcular versus INTravitreal corticosteroids for the treatment of uveitic macular edema (POINT) Trial compared periocular triamcinolone acetonide (PTA), intravitreal triamcinolone acetonide (ITA), and intravitreal dexamethasone implant (IDI) in the initial treatment of uveitic ME, to evaluate their comparative effectiveness.

**The POINT Trial was a multicenter, randomized, parallel-treatment, comparative trial.**



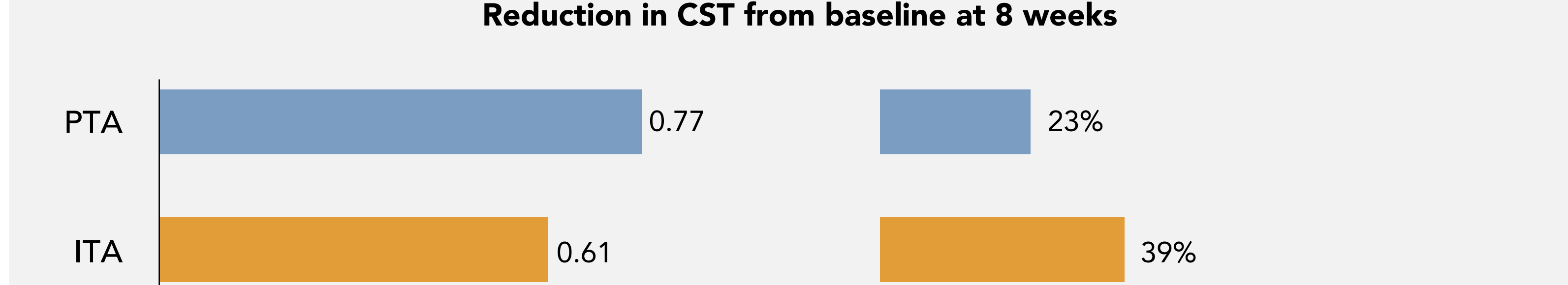
CST = central subfield thickness; OCT = optical coherence tomography.  
\* Patients with bilateral ME were assigned the same treatment for both eyes.

**At 8 weeks, each group had clinically meaningful reductions in CST relative to baseline.**



PropBL = proportion at baseline.

**ITA and IDI had larger reductions in CST than PTA.**



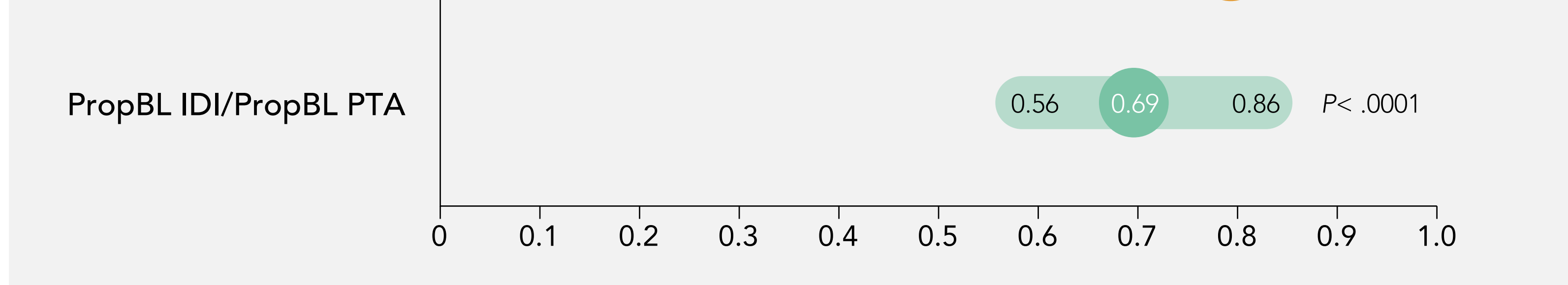
HR = Hazard ratio; CI = Confidence interval.

**IDI was noninferior to ITA at 8 weeks.**

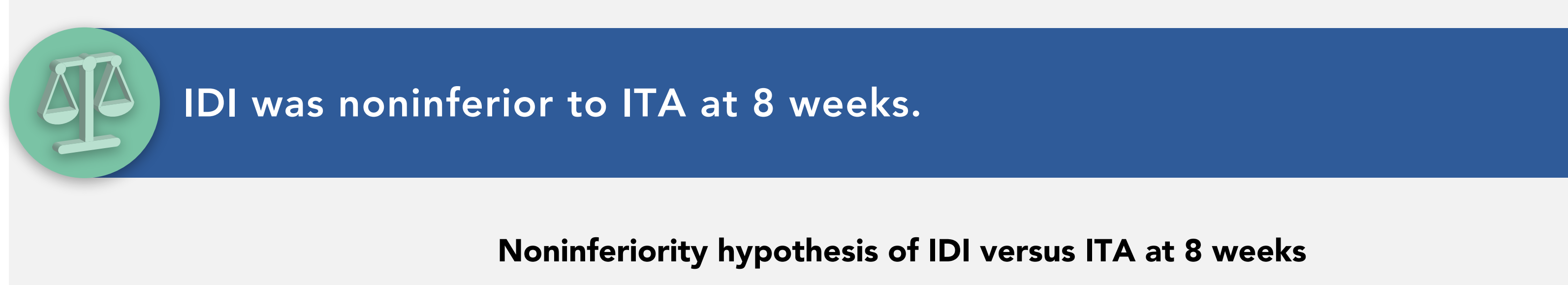


**Although all treatment groups demonstrated improvement in best-corrected visual acuity (BCVA) compared to baseline BCVA, the ITA and IDI groups had improvements in BCVA that was greater than the PTA group at 8 weeks.**

The ITA group had a BCVA improvement of 5 letters greater than the PTA group at week 8. The IDI group also had a BCVA improvement of 5 letters greater than the PTA group at week 8.

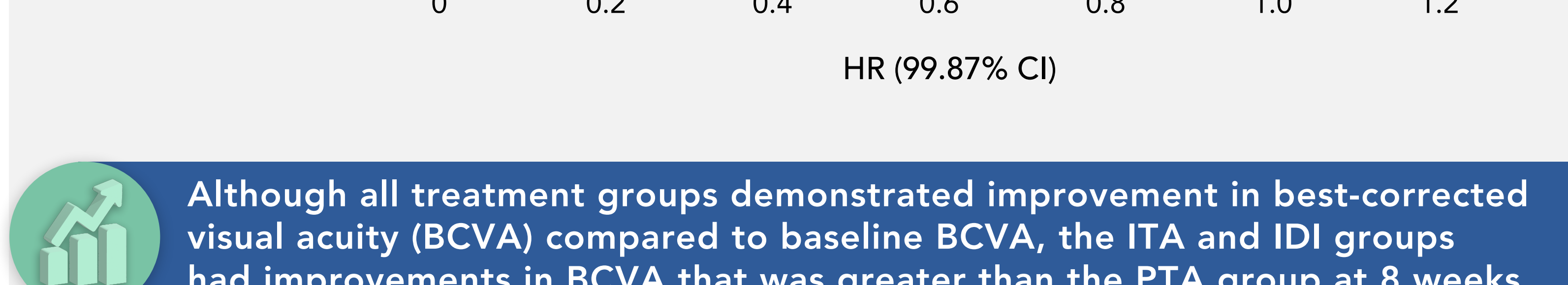


**The risk of having intraocular pressure (IOP) ≥24 mmHg was higher in the intravitreal treatment groups compared with the periocular group; however, there was no significant difference between the 2 intravitreal treatment groups.**



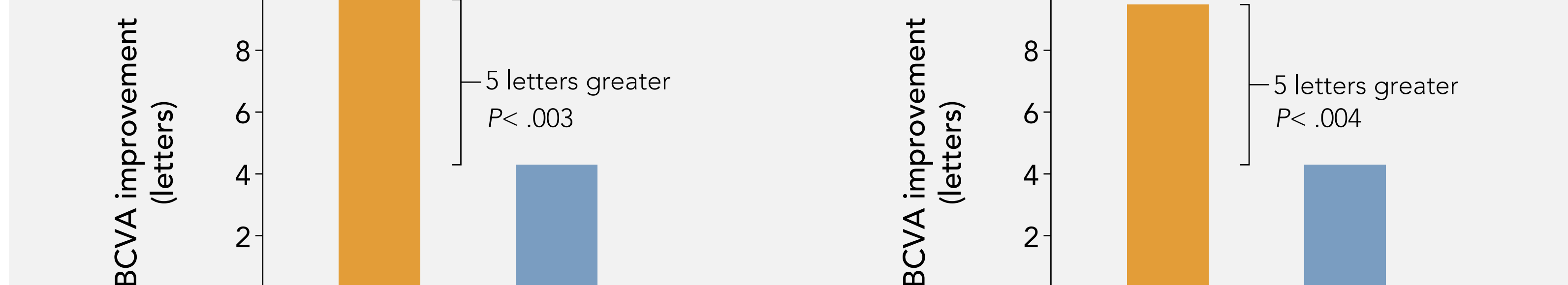
**Both ITA and IDI treatments were superior to PTA treatment in improving and resolving uveitic ME.**

**Proportion of eyes with improvement in ME**



	0	4	8	12	24
# Eyes (Periocular)	74	72	74	71	72
# Eyes (Intravitreal)	80	81	75	77	81
# Eyes (Dexamethasone)	79	74	73	73	75

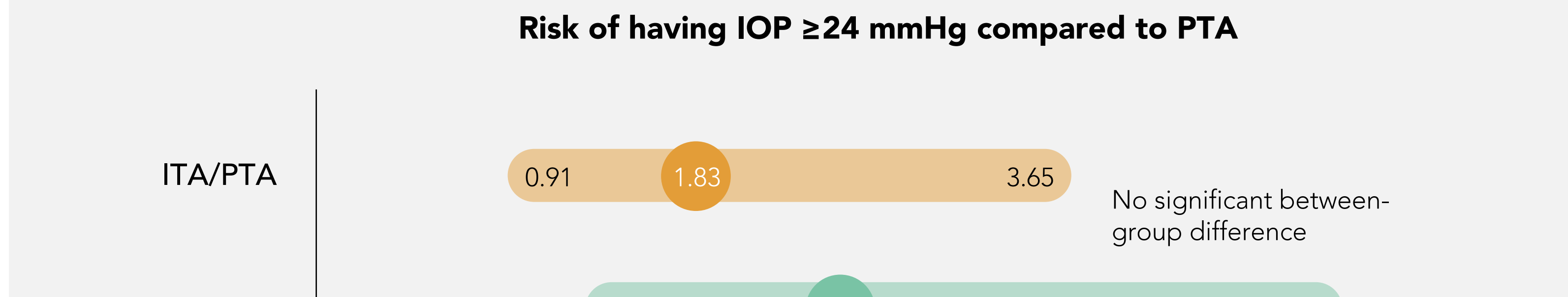
**Proportion of eyes with resolution in ME**



	0	4	8	12	24
# Eyes (Periocular)	74	72	74	71	72
# Eyes (Intravitreal)	80	81	75	77	81
# Eyes (Dexamethasone)	79	74	73	73	75

**There were no significant differences in the use of IOP medications among the 3 treatment groups at any time.**

**Use of IOP medication at each visit**



	0	4	8	12	20	24
# Eyes (Periocular)	74	72	74	72	72	72
# Eyes (Intravitreal)	82	81	77	77	80	81
# Eyes (Dexamethasone)	79	76	76	73	75	75

**Conclusions**

**Both intravitreal triamcinolone acetonide and the intravitreal dexamethasone implant were superior to periocular triamcinolone acetonide for treating uveitic ME, with modest increases in the risk of IOP elevation.**