Ocular inflammation in a patient with neovascular age-related macular degeneration treated with intravitreal brolucizumab

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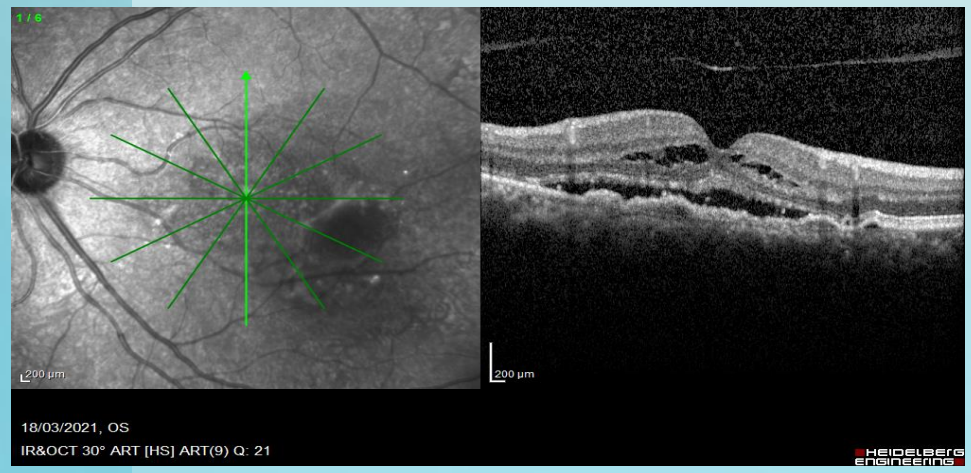
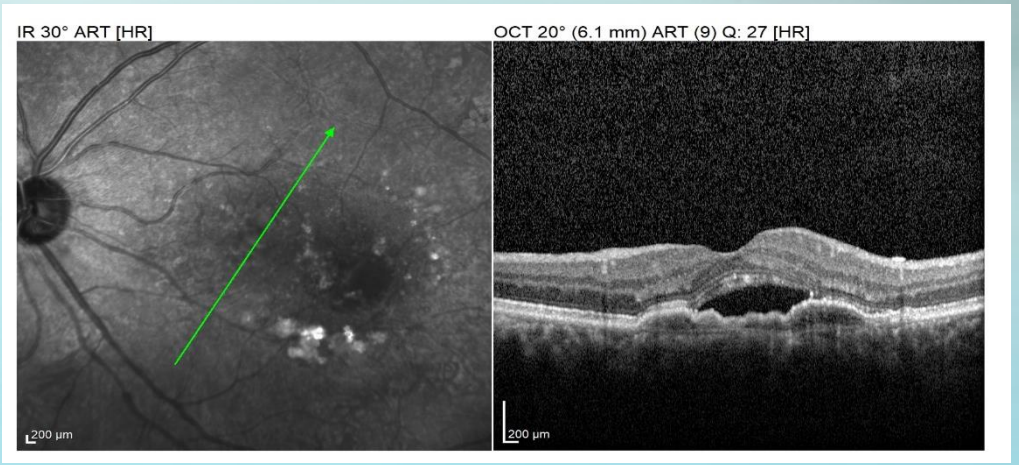
Case presentation

- A 74-year-old woman with vascularized pigment epithelium detachment (PED) with subretinal fluid (SRF) in her right eye was initially treated with 3 intravitreal injections of ranibizumab and 7 intravitreal injections of aflibercept with no anatomical and functional improvement.

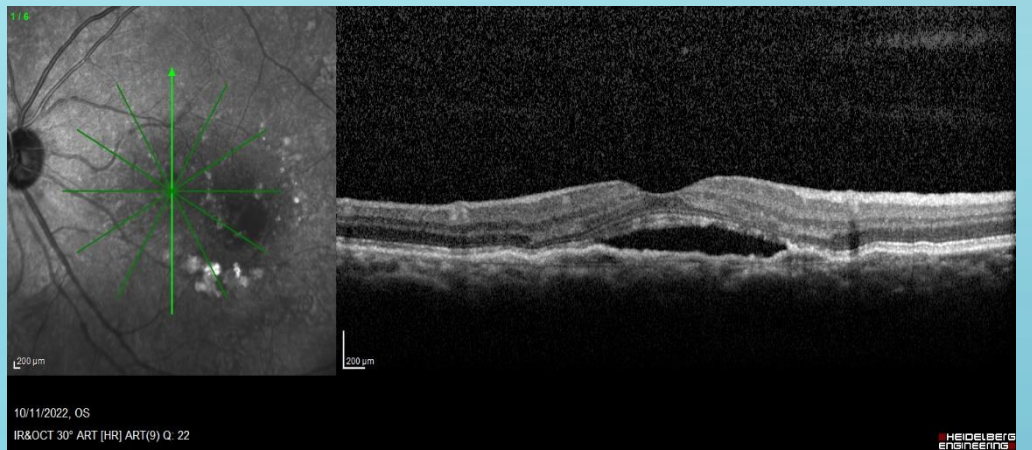
- Switching to intravitreal brolucizumab injection was discussed with the patient and performed. The patient was monitored and showed anatomical improvement with SRF resolution and PED decrease in height after two brolucizumab injections. In addition, the visual acuity improved from 0.3 to 0.7 decimal.



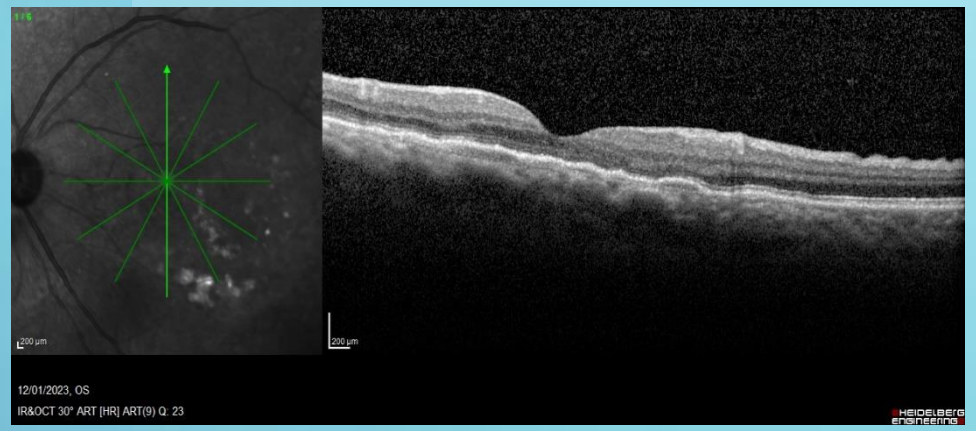
3 intravitreal ranibizumab injections



7 intravitreal aflibercept injections



1 intravitreal brolucizumab injection



- 23 days after the 3rd intravitreal brolucizumab injection, the patient presented to Emergency Department complaining of reduced vision and pain in the right eye. Ophthalmic examination revealed signs of IOI in the right eye. The visual acuity was counting fingers (CF) and fundus view was hazy.
- The inflammation improved with topical steroids, cyclopentolate and systemic steroids. Two weeks later, the patient showed resolution of the IOI and fluorescein angiography was performed, showing no signs of occlusive vasculitis. The final visual acuity after IOI treatment was 0.6 decimal and the patient continued aflibercept intravitreal injections for recurrence of SRF due to neovascular AMD.

Conclusion: Some brolucizumab-related IOI episodes may be treated with topical and systemic steroids with good prognosis. However, caution should be taken in the monitoring of such patients.