Clinical Outcomes And Treatment of Eyes with Neovascular Age-Related Macular Degeneration Following Endophthalmitis

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Purpose:
To evaluate the clinical course of patients with neovascular age-related macular degeneration (NVAMD) after developing endophthalmitis.

Methods:
In this multicenter, retrospective, case series, the charts of 196,598 intravitreal injections performed for patients with NVAMD, treated between April 22, 2013 and October 15, 2018, were searched for the development of endophthalmitis.

Results:
There were 75 cases of endophthalmitis (incidence 0.0382%). Seventy-two patients (96%) were immediately treated with an intravitreal tap and injection of antibiotics, while three patients (4%) were taken for immediate pars plana vitrectomy. After resolution of endophthalmitis, 17 patients (22.7%) were not re-treated again (mean follow-up 115±8.4 weeks); in 10 cases due to the disease becoming inactive (58.8%). Patients required intravitreal injections for NVAMD at an average of 7.4±0.61 weeks prior to endophthalmitis, compared to an average of 11.5±1.8 weeks post-endophthalmitis (p=0.004). LogMAR Visual Acuity (VA) just prior to endophthalmitis was 0.58±0.053. LogMAR VA worsened on the day of presentation with endophthalmitis (1.67±0.08; p<0.001) and again on post-treatment day 1 (logMAR VA 1.94±0.064; p<0.001), but improved after re-initiating long-term treatment for NVAMD (final logMAR VA 1.02±0.11; p<0.001).

Conclusions:
Patients required fewer intravitreal injections for NVAMD after developing endophthalmitis. This may represent a biological change in disease activity.