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 **1:** [Arch Ophthalmol.](#) 2006 Oct;124(10):1410-9.

### **Optical coherence tomography in group 2A idiopathic juxtafoveolar retinal telangiectasis.**

[Gaudric A](#), [Ducos de Lahitte G](#), [Cohen SY](#), [Massin P](#), [Haouchine B](#).

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**OBJECTIVE:** To describe the changes observed with optical coherence tomography in group 2A idiopathic juxtafoveolar retinal telangiectasis. **METHODS:** We retrospectively reviewed the medical records of 13 patients (25 eyes). All eyes underwent optical coherence tomography examination consisting of 6 radial scans, fundus color photography, and fluorescein angiography. We calculated retinal foveal and central foveal thicknesses from software mapping results. We compared the optical coherence tomography data with fundus photography and fluorescein angiography findings. **RESULTS:** Foveal cystoid spaces, very small or more prominent, were present in 20 of 25 eyes. Some degree of disruption of the inner segment/outer segment photoreceptor junction line was observed in 18 eyes as from stage 2 of idiopathic juxtafoveolar retinal telangiectasis, and intraretinal pigmentary proliferation was observed in 9. A foveal detachment without subretinal new vessels was also present in 2 eyes. Despite these abnormalities, central foveal thickness was below or within the range of reference values in all eyes; foveal thickness, in 23 of 25. In the more advanced cases, severe disruption of the inner segment/outer segment photoreceptor junction line and outer retinal atrophy were seen. **CONCLUSIONS:** Early in the evolution of group 2A idiopathic juxtafoveolar retinal telangiectasis, the optical coherence tomography examination disclosed intraretinal cystoid spaces without foveal thickening and disruption of the inner segment/outer segment photoreceptor junction line. Foveal thinning was present in later stages.

PMID: 17030708 [PubMed - indexed for MEDLINE]

 **2:** [Am J Ophthalmol.](#) 2006 Nov;142(5):794-99. Epub 2006 Sep 15.

### **Intravitreal triamcinolone acetonide for diffuse diabetic macular edema: phase 2 trial comparing 4 mg vs 2 mg.**

[Audren F](#), [Leclaire-Collet A](#), [Erginay A](#), [Haouchine B](#), [Benosman R](#), [Bergmann JF](#), [Gaudric A](#), [Massin P](#).

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**PURPOSE:** To prospectively compare the efficacy and safety of 4 vs 2 mg intravitreal

triamcinolone acetonide (TA) injection for diabetic macular edema. DESIGN: Interventional case series. METHODS: PATIENTS: Thirty-two patients with diabetic macular edema unresponsive to laser photocoagulation. INTERVENTION: Patients were randomly assigned to receive 4 or 2 mg intravitreal TA in one eye (16 patients in each group). MAIN OUTCOME MEASURES: The main outcome was central macular thickness (CMT) measured by optical coherence tomography (OCT) at four, 12, and 24 weeks. Secondary outcomes were gain in Early Treatment Diabetic Retinopathy Study (ETDRS) scores, intraocular pressure (IOP), cataract progression, and duration of effect. RESULTS: Before injection, mean (+/- SD) CMT was 564.5 +/- 119 microm and 522.9 +/- 148.5 microm in the 4- and 2-mg groups, respectively. At four, 12, and 24 weeks after injection, it was 275.0 +/- 79.8, 271.4 +/- 128.7, and 448.7 +/- 146.4 microm, respectively, in the 4-mg group, and 267.3 +/- 82.4, 289.8 +/- 111.4, and 394.7 +/- 178.9 microm, respectively, in the 2-mg group. At no time was the difference in CMT between both groups statistically significant ( $P > 0.3$ ). The between-group differences in the gain in the ETDRS score and in IOP were not statistically significant either. Diabetic macular edema recurred after a median period of 20 weeks vs 16 weeks in the 4- and 2-mg groups, respectively ( $P = 0.11$ ). CONCLUSIONS: In the short term, intravitreal injection of 4 or 2 mg TA does not have different effects on CMT, visual acuity, or IOP.

Publication Types:

- [Clinical Trial, Phase II](#)
- [Randomized Controlled Trial](#)

PMID: 16978576 [PubMed - indexed for MEDLINE]

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3: [Acta Ophthalmol Scand.](#) 2006 Oct;84(5):624-30.



### **Intravitreal triamcinolone acetonide for diffuse diabetic macular oedema: 6-month results of a prospective controlled trial.**

[Audren F](#), [Erginay A](#), [Haouchine B](#), [Benosman R](#), [Conrath J](#), [Bergmann JF](#), [Gaudric A](#), [Massin P](#).

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PURPOSE: To evaluate prospectively the efficacy and safety of one intravitreal injection of 4 mg triamcinolone acetonide for refractory diffuse diabetic macular edema. METHODS: Seventeen patients with bilateral diabetic macular edema unresponsive to laser photocoagulation. In all patients, one eye was injected, and the other served as a control. The intervention consisted in intravitreal injection of 4 mg triamcinolone acetonide. The main outcome measure was central macular thickness (CMT) at 4, 12 and 24 weeks, measured by Optical Coherence Tomography. Secondary outcomes were Early Treatment Diabetic Retinopathy Study (ETDRS) scores, intraocular pressure and cataract PROGRESSION. RESULTS: Before injection, mean +/- SD CMT was 566.4 +/- 182.4  $\mu\text{m}$  in injected eyes. Four, 12, and 24 weeks after injection, it was 228.4 +/- 47.5  $\mu\text{m}$ , 210.9 +/- 87.2  $\mu\text{m}$  and 358.5 +/- 160.5  $\mu\text{m}$  respectively. CMT was significantly lower in injected eyes vs. control eyes except 24 weeks after injection because of a recurrence of macular edema in 9/17 injected eyes. Mean +/- SD gain in ETDRS score was significantly better in injected eyes vs. control eyes 4, 12 and 24 weeks after TA injection. In 9 of the 17 injected eyes, intraocular pressure exceeded 24 mmHg and was controlled by topical medication. CONCLUSION: In the short-term, intravitreal injection of triamcinolone effectively reduces macular thickening due to diffuse diabetic macular edema and improves visual acuity in most cases. The long-term effect of this treatment and predictive factors of visual recovery remain to be elucidated.

Publication Types:

- [Randomized Controlled Trial](#)

PMID: 16965492 [PubMed - indexed for MEDLINE]

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- 4: [Acta Ophthalmol Scand.](#) 2006 Aug;84(4):466-74.



### **Optical coherence tomography: a key to the future management of patients with diabetic macular oedema.**

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Diabetic macular oedema is a major cause of visual loss in patients with diabetes. It usually results from the breakdown of the inner blood-retinal barrier. Early detection of retinal abnormalities is vital in preventing diabetic macular oedema and subsequent loss of vision, whilst assessment of retinal thickness is important for treatment and follow-up. Until recently, however, the methods available for detecting and evaluating diabetic macular oedema were slit-lamp biomicroscopy and stereoscopic photography, both of which are limited in detecting earlier retinal changes. Optical coherence tomography (OCT) is a new diagnostic imaging modality that provides high-resolution, cross-sectional images of the eye. It is proving to be an accurate tool for the early diagnosis, analysis and monitoring of retinopathy, with high repeatability and resolution. It allows not only the qualitative diagnosis of diabetic macular oedema, but also the quantitative assessment of oedema. This article reviews the future role of OCT in the management of patients with diabetic macular oedema.

Publication Types:

- [Review](#)

PMID: 16879566 [PubMed - indexed for MEDLINE]

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- 5: [Br J Ophthalmol.](#) 2006 Oct;90(10):1239-41. Epub 2006 Jun 29.



Comment in:

- [Br J Ophthalmol. 2006 Oct;90\(10\):1216-7.](#)

### **Relationship between macular hole size and the potential benefit of internal limiting membrane peeling.**

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AIM: To investigate the relationship between the size of macular holes and the possible benefit of internal limiting membrane (ILM) peeling. METHODS: 84 consecutive cases of idiopathic macular hole followed up for at least 3 months were included in this retrospective study. Surgery comprised pars plana vitrectomy, peeling of any epiretinal membrane, 17% C2F6 (hexafluoroethane) gas filling and 10 days of positioning. 36 eyes had ILM peeling. The main outcome measure was the macular hole closure rate checked by optical coherence tomography. RESULTS: The overall postoperative closure rate was 90.5%. For macular holes > or =400 microm in diameter, the rate was 100% with ILM peeling versus 73.3% without ( $p = 0.015$ ). For smaller macular holes, the rates were 100% in both groups. Postoperative gain

in visual acuity was not significantly different in eyes with ILM peeling and those without.  
CONCLUSIONS: ILM peeling does not seem to be useful for macular hole <400 µm in diameter. Its likely benefit has to be investigated for larger macular hole sizes, for which the failure rate is higher.

PMID: 16809385 [PubMed - indexed for MEDLINE]

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□ 6: [Arch Ophthalmol.](#) 2006 Jun;124(6):885-6.



### **Frequency of retinal cavernomas in 60 patients with familial cerebral cavernomas: a clinical and genetic study.**

[Labauge P](#), [Krivosic V](#), [Denier C](#), [Tournier-Lasserre E](#), [Gaudric A](#).

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**OBJECTIVES:** To define the frequency of retinal lesions in a large panel of patients with familial cerebral cavernomas and to screen the cerebral cavernous malformation genes in patients with cerebral and retinal lesions. **METHODS:** Fundus examination was proposed to each of the index patients of 70 families with cerebral cavernous malformation who have been included in a prospective clinical and neuroradiological follow-up. All of the coding exons of the KRIT1, MGC4607, and PDCD10 genes were screened as previously described. **RESULTS:** Of the 70 index patients, 60 were consecutively examined. The 10 remaining patients refused the fundus examination. Three of the 60 examined patients had a retinal cavernoma diagnosis. Three mutations were found: a point mutation within exon 5 of the KRIT1 gene, a large deletion that encompassed exons 1 and 2 of the MGC4607 gene, and a large genomic de novo deletion encompassing the whole PDCD10 gene. **CONCLUSIONS:** Retinal cavernoma frequency can be estimated to be about 5% of the patients with familial cerebral cavernomas. Retinal cavernomas are not restricted to KRIT1 mutation carriers but can be observed in patients carrying a mutation in any of the 3 cerebral cavernous malformation genes. **CLINICAL RELEVANCE:** Five percent of patients with familial cerebral cavernomas have retinal cavernomas. These lesions are clinically asymptomatic. They can be associated with any of the 3 cerebral cavernous malformation genes.

Publication Types:

- [Research Support, Non-U.S. Gov't](#)

PMID: 16769843 [PubMed - indexed for MEDLINE]

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□ 7: [N Engl J Med.](#) 2006 Apr 6;354(14):1489-96.



Comment in:

- [N Engl J Med. 2006 Apr 6;354\(14\):1451-3.](#)

### **Role of COL4A1 in small-vessel disease and hemorrhagic stroke.**

[Gould DB](#), [Phalan FC](#), [van Mil SE](#), [Sundberg JP](#), [Vahedi K](#), [Massin P](#), [Boussier MG](#), [Heutink P](#), [Miner JH](#), [Tournier-Lasserre E](#), [John SW](#).

Howard Hughes Medical Institute, Bar Harbor, Me, USA.

Small-vessel diseases of the brain underlie 20 to 30 percent of ischemic strokes and a larger

proportion of intracerebral hemorrhages. In this report, we show that a mutation in the mouse Col4a1 gene, encoding procollagen type IV alpha1, predisposes both newborn and adult mice to intracerebral hemorrhage. Surgical delivery of mutant mice alleviated birth-associated trauma and hemorrhage. We identified a COL4A1 mutation in a human family with small-vessel disease. We concluded that mutation of COL4A1 may cause a spectrum of cerebrovascular phenotypes and that persons with COL4A1 mutations may be predisposed to hemorrhage, especially after environmental stress. Copyright 2006 Massachusetts Medical Society.

Publication Types:

- [Research Support, N.I.H., Extramural](#)
- [Research Support, Non-U.S. Gov't](#)

PMID: 16598045 [PubMed - indexed for MEDLINE]

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8: [J Fr Ophthalmol](#). 2005 Dec;28(10):1027-31.

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### [Advantages of acetazolamide associated with anti-inflammatory medications in postoperative treatment of macular edema]

[Article in French]

[Catier A](#), [Tadayoni R](#), [Massin P](#), [Gaudric A](#).

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**PURPOSE:** To analyze the effectiveness of acetazolamide associated with topical nonsteroidal anti-inflammatory drugs (NSAIDs) and/or steroids in the treatment of postsurgical macular edema (ME). **PATIENTS AND METHODS:** Sixteen eyes of 15 consecutive patients presenting with clinical ME 1-120 months after ophthalmologic surgery were studied retrospectively. The mean duration of ME before treatment was 5 months. All patients were treated with 250-500 mg of acetazolamide per day, associated with topical NSAIDs and/or steroids for an average of 6.9 months. The main outcome measures were the best-corrected visual acuity expressed in Log MAR, and the retinal thickness evaluated with OCT. **RESULTS:** The mean initial visual acuity was 20/100 (0.7 +/- 0.28 Log MAR), with a macular thickness of 599.67 +/-174.17 microm (average +/- standard deviation). The mean final visual acuity was 20/40 (+0.3 +/- 0.2 Log MAR) with a macular thickness of 264.69 +/-106.59 microm. Treatment was effective in 87.5% of overall cases. The effectiveness was 100% in the subgroup treated with acetazolamide, NSAIDs, and steroids. **CONCLUSION:** This study suggests that medical treatment with a combination of acetazolamide, topical NSAIDs and/or steroids may be beneficial for reducing retinal thickness and improving vision in postsurgical ME.

Publication Types:

- [English Abstract](#)

PMID: 16395193 [PubMed - in process]

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9: [Invest Ophthalmol Vis Sci](#). 2005 Dec;46(12):4707-11.

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Inv Ophth Vis Sci

### Circadian fluctuations of macular edema in patients with morning vision blurring: correlation with arterial pressure and effect of light

## deprivation.

[Paques M](#), [Massin P](#), [Sahel JA](#), [Gaudric A](#), [Bergmann JF](#), [Azancot S](#), [Levy BI](#), [Vicaut E](#).

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**PURPOSE:** This study explored the causes of vision fluctuations in patients with chronic macular edema. **METHODS:** Fifteen patients (16 eyes) with vision blurring at awakening due to post-central retinal vein occlusion (CRVO) macular edema underwent three examination sessions over 24 hours (at 7 PM, immediately after awakening at 7 AM, and at 7 PM), which comprised assessment of Early Treatment Diabetic Retinopathy Study score and measurement of macular thickness (MT) by optical coherence tomography. Ocular perfusion pressure was calculated from ambulatory arterial pressure measurement. In addition, after the 7 AM measurements, the patients were randomly selected for monocular light deprivation during the day to evaluate the role of retinal illumination in these fluctuations. **RESULTS:** Circadian fluctuation of MT was documented in all patients. At 7 AM, mean visual acuity (VA) was worse (mean +/- SD of the difference: 6.5 +/- 7.2 points;  $P < 0.002$ ) and mean MT was higher (57.4 +/- 34 microm;  $P < 0.001$ ) than at 7 PM. Fluctuations of MT were correlated to fluctuation of arterial pressure ( $P = 0.05$ ), but were not influenced by monocular light deprivation. **CONCLUSIONS:** In most patients complaining of visual fluctuations due to macular edema secondary to CRVO, MT and VA were found to undergo a circadian cycle. These short-term anatomic and functional variations were associated with arterial pressure variations (that is, macular thickening was inversely correlated to the arterial pressure drop during the night), but were not due to light deprivation.

Publication Types:

- [Research Support, Non-U.S. Gov't](#)

PMID: 16303968 [PubMed - indexed for MEDLINE]

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10: [Br J Ophthalmol](#). 2005 Dec;89(12):1581-5.



### Comparison of optical coherence tomography models OCT1 and Stratus OCT for macular retinal thickness measurement.

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**AIMS:** To compare the values measured for retinal macular thickness with the first and last generations of the optical coherence tomograph (OCT1 and Stratus OCT, Zeiss, Humphrey Division). **METHODS:** This was a cohort study. 59 eyes were examined: 17 had a normal macula and 42 had a diabetic macular oedema. In each eye, mean retinal thickness (RT) was measured automatically in the nine macular Early Treatment Diabetic Retinopathy Study areas and at the foveal centre, using OCT1 and Stratus OCT. The paired mean RT values for each area and the type and proportion of artefacts were compared. **RESULTS:** Of the 590 automatic measurements, 505 had no artefact, either with OCT1 or Stratus OCT. The mean difference between the OCT1 and Stratus OCT measurements was 25 (SD 26.2) microm ( $p < 0.0001$ ). With Stratus OCT, RT values were significantly higher, by 8.1% (7.8%), than with OCT1. Artefacts were only observed in cases of diabetic macular oedema and were significantly more frequent with OCT1 than Stratus OCT (10.5% versus 4.4,  $p < 0.0001$ ). **CONCLUSION:** The macular retinal thickness values measured with Stratus OCT were significantly higher than

those measured with OCT1. Stratus OCT has the advantage of producing fewer artefacts than OCT1 in pathological cases.

Publication Types:

- [Comparative Study](#)

PMID: 16299134 [PubMed - indexed for MEDLINE]

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□ 11: [Am J Ophthalmol.](#) 2005 Oct;140(4):757-8.



## **Optical coherence tomography findings in tamoxifen retinopathy.**

[Gualino V](#), [Cohen SY](#), [Delyfer MN](#), [Sahel JA](#), [Gaudric A](#).

Department of Ophthalmology, Hopital Lariboisiere, Assistance Publique-Hopitaux de Paris, Universite Paris #7, Paris, France.

**PURPOSE:** To describe optical coherence tomography (OCT) findings in two cases of typical tamoxifen retinopathy. **DESIGN:** Observational cases report. **METHODS:** Two patients with tamoxifen retinopathy were imaged with fluorescein angiography and OCT 3. **RESULTS:** Fluorescein angiography showed foveolar hyperfluorescence. OCT revealed a foveolar cystoid space with focal disruption of the photoreceptor line. There was no evidence of macular edema or thickening. **CONCLUSIONS:** In both cases, OCT findings are not consistent with previous descriptions of tamoxifen retinopathy, based on fundus examination and fluorescein angiography, which include a description of macular edema. This new imaging suggests that tamoxifen maculopathy may include a foveolar cystoid space different from macular edema.

Publication Types:

- [Case Reports](#)

PMID: 16226541 [PubMed - indexed for MEDLINE]

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