Letters to the Editor

New Approaches in the Management of Choroidal Neovascular Membrane in Age-Related Macular Degeneration

Dear Editor:

We read with interest the article titled "New Approaches in the Management of Choroidal Neovascular Membrane in Age-Related Macular Degeneration (CNVM)" by Verma et al. It is an extremely informative article extensively covering various treatment modalities for CNVM and also future direction of research.

Transpupillary Thermotherapy (TTT) is an accepted modality of treatment for subfoveal CNVMs. There have been some encouraging results published, especially in cases having occult membranes.^{2,3} In compairson to Photodynamic therapy (which has been extensively covered in the article) this remains a less invasive procedure and more economical especially for the developing countries.

We feel the TTT deserves at least a passing mention as a new modality of treatment for subfoveal CNVMs.

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In reply

Dear Editor:

We appreciate Dr Nagpal's comments.

Thermal photocoagulation and submacular surgery were the only available options in management of choroidal neovascular membrane (CNV) caused by age-related macular degeneration (AMD). Consequently the macular photocoagulation study (MPS)¹ and the submacular surgery trial (SST) ² demonstrated the scope and limitation of these treatment modalities. With continuing

research, several new and novel treatment modalities are now available for treatment of CNV in AMD.

Some of these options were discussed in the communication.3 The purpose of this article was to acquaint the readers with the well researched and published results of some of the treatment options. We emphasized the treatment modalities that have been tried by several groups of clinical researchers, or the results of randomized trials where available. This communication in itself was neither meant to be exhaustive nor allinclusive. Currently many old studies such as thalidomide, submacular surgery, and radiation are still undergoing multicentric clinical trials. The new studies include use of diode laser (Transpupillary thermotherapy, and prophylactic diode laser treatment), micronutrients (beta-carotene), angiostatic agents (anacortave acetate) and a variety of photosensitizing dyes (Sn ET2 and Lutex). In addition, studies are underway to find new indications of verteporfin such as in ocular histoplasmosis and occult CNV.

The initial results of Reichel et al ⁴ are very promising. The British Study Group has reported similar results. ⁵ We are also aware of one recent adverse report. ⁶ At the initial stages of a study such diametrically opposite views are not surprising. The ongoing "transpupillary thermotherapy for choroidal neovascularization clinical trial" (TTT4CNV) could elaborate upon the scope and limitations of TTT.

The non-inclusion of TTT in our article was not intended to ignore this wonderful and less expensive modality of treatment of AMD-CNV. This was only a postponement of its discussion till the treatment and the outcome are rationalized.

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