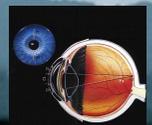


Dégénérescence
Maculaire
Liée
A l'Age
ACTUALITES
THERAPEUTIQUES

DOCTEUR Catherine MANDELBAUM-STUPP

LE HAVRE

18/03/2014



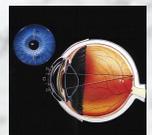
Conflits d'intérêts : NOVARTIS/BAYER



Exercice d'échauffement

Votre tranche d'âge

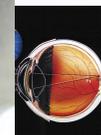
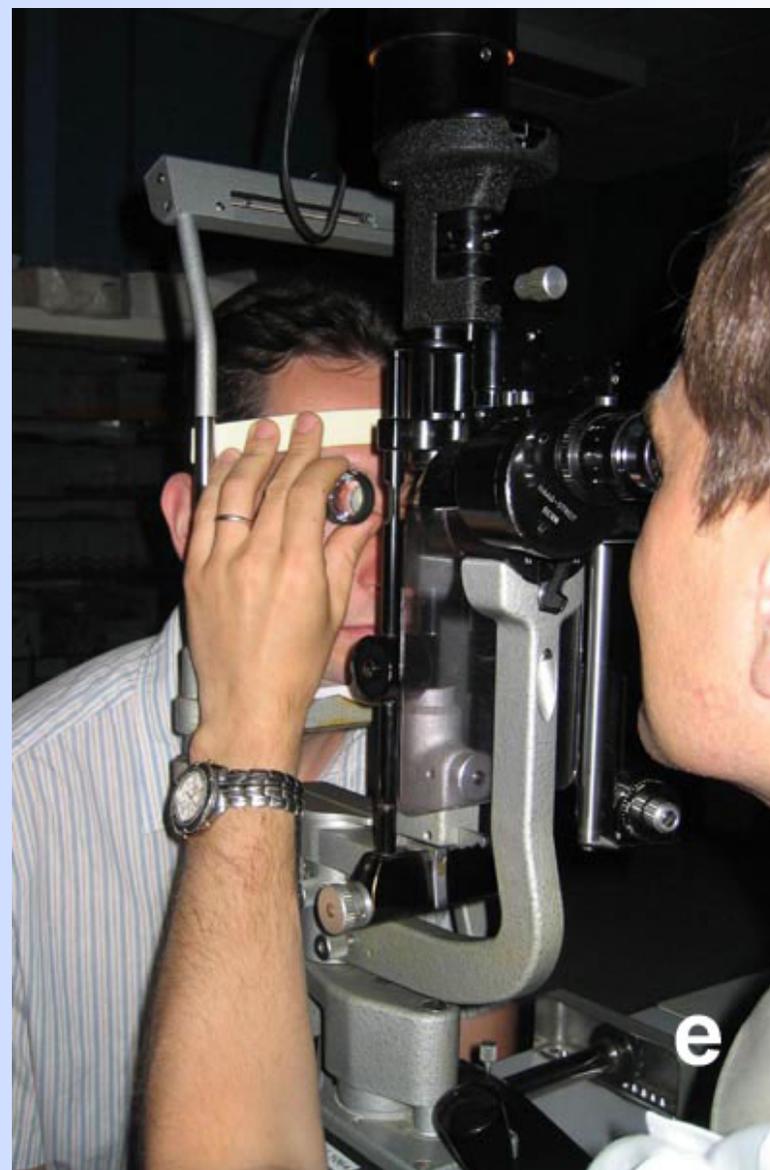
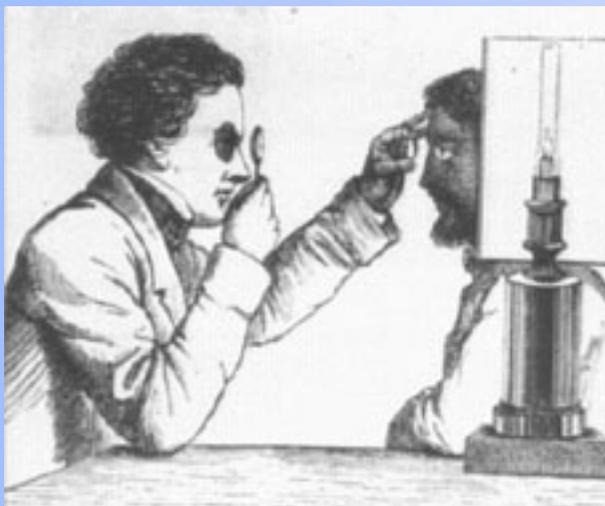
1. < 30 ans
2. 31- 50 ans
3. > 50 ans

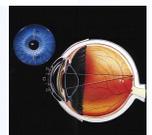
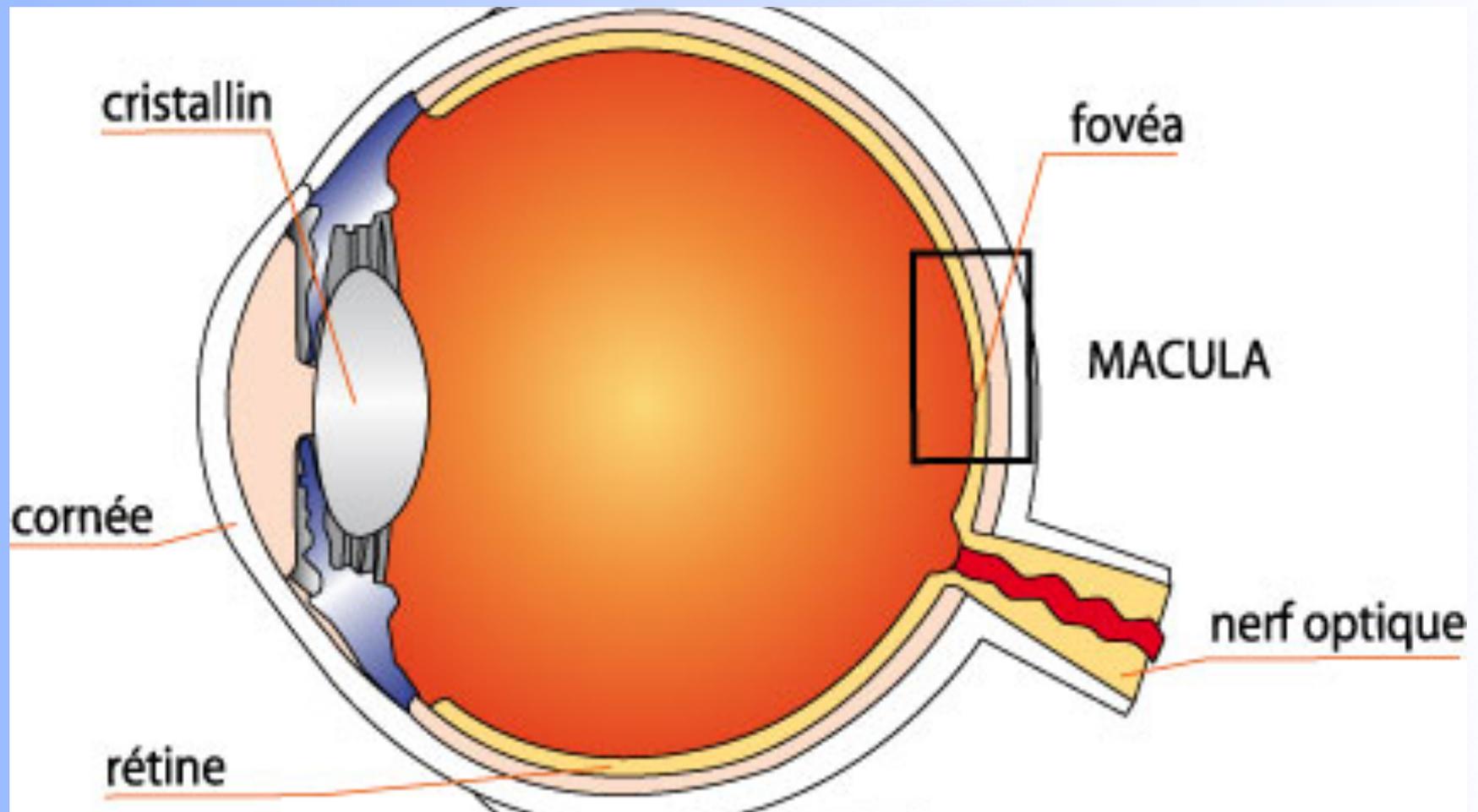


Quoi de neuf, Docteur?

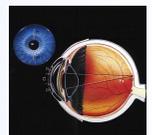
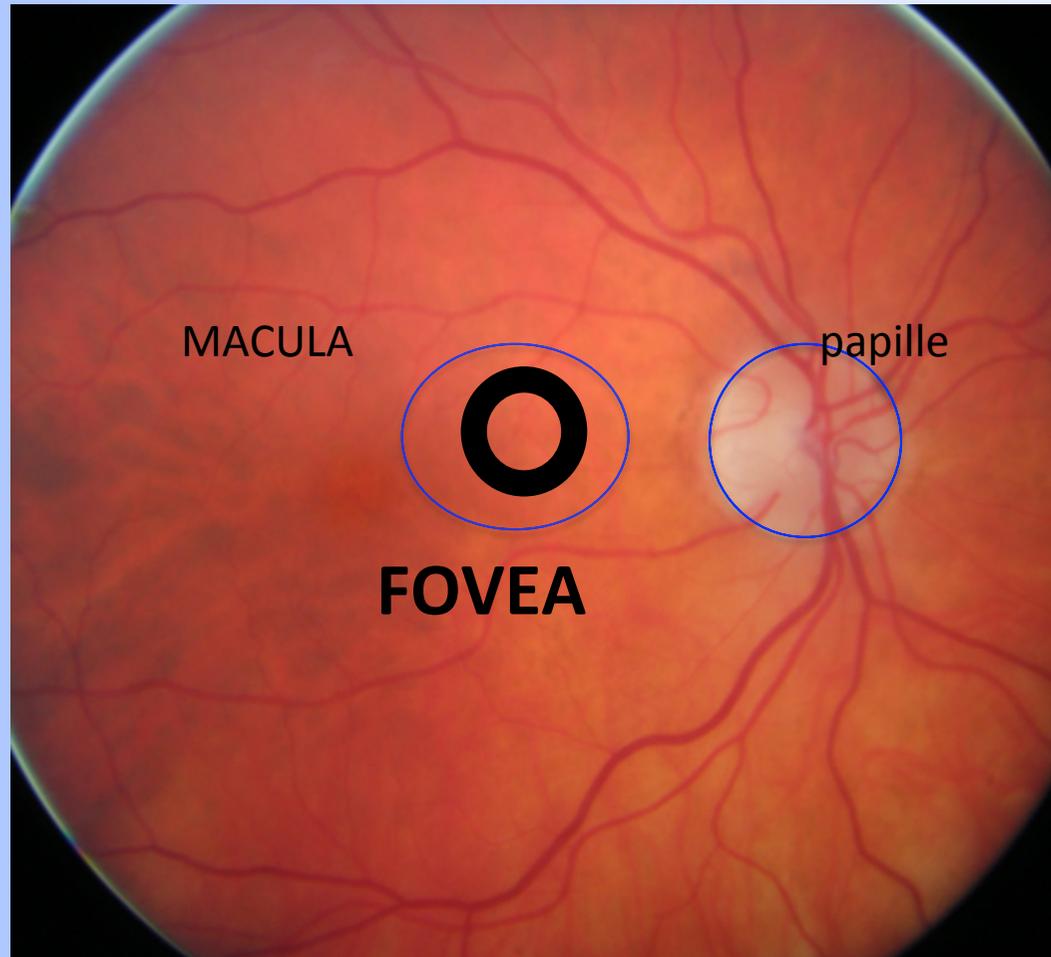


L'examen du fond d'œil





Fond d'oeil normal



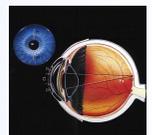
Facteurs de risque

constitutionnels

- Âge
- Pathologies cardiovasculaires
- Angor, athérome carotidien, artériopathie oblitérante
- Hérité

environnementaux

- Tabac
- La lumière bleue
- Alimentation, surpoids, obésité



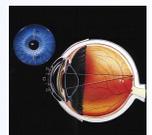
LA LUMIERE BLEUE

- Rhodopsine
 - Lutéine
 - Zéaxanthine
- LIPOFUSCINE

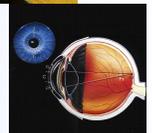


Les examens complémentaires

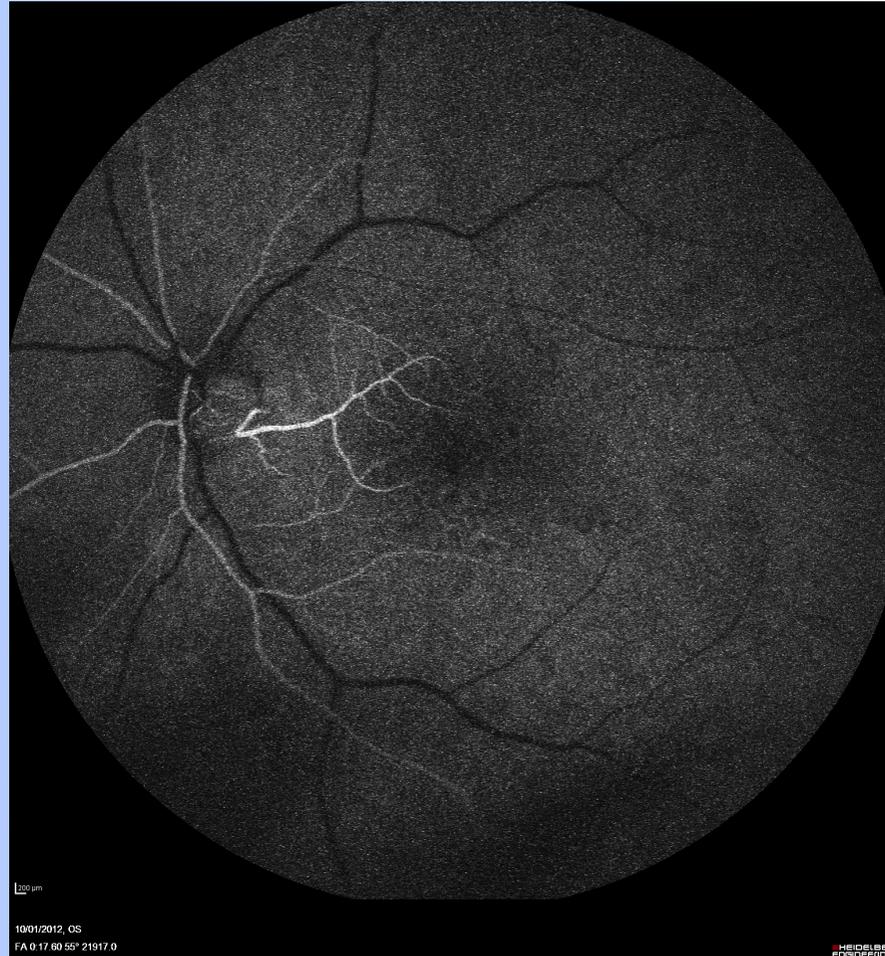
- **Angiographie** : -fluorescéine
-vert d'indocyanine
- **O.C.T (Optical Coherence Tomography)**



L'angiographe



La séquence angiographique



Les séquences angiographiques en fluorescence et cyanescence sont couplées



31/05/2011, OS

FA&ICGA 6:28.28 30° ART(14) 8:00.77 30° ART(14) 13249.0



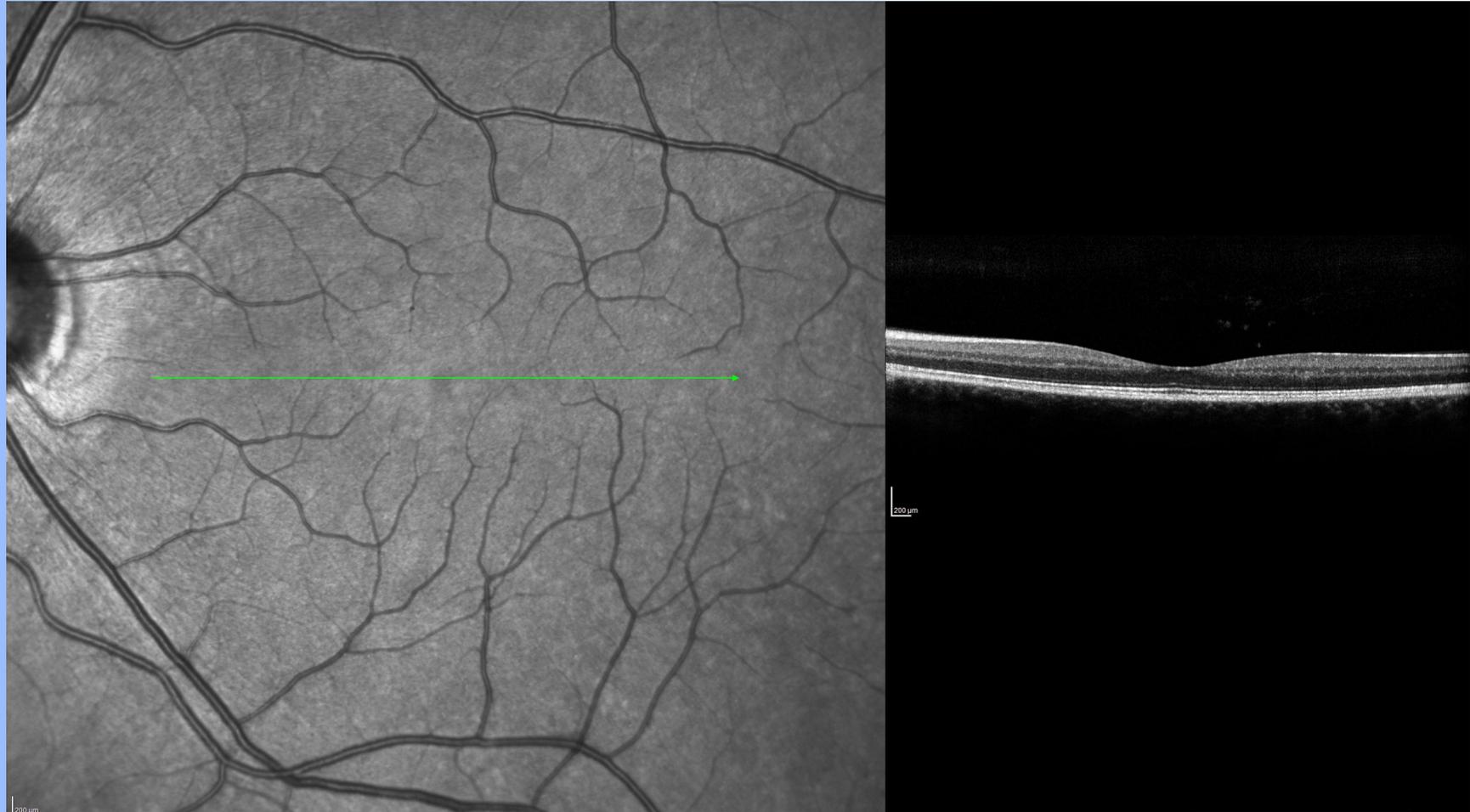
L'O.C.T ou TOMOGRAPHIE EN COHERENCE OPTIQUE

« *spectral domain* », « *time domain* »

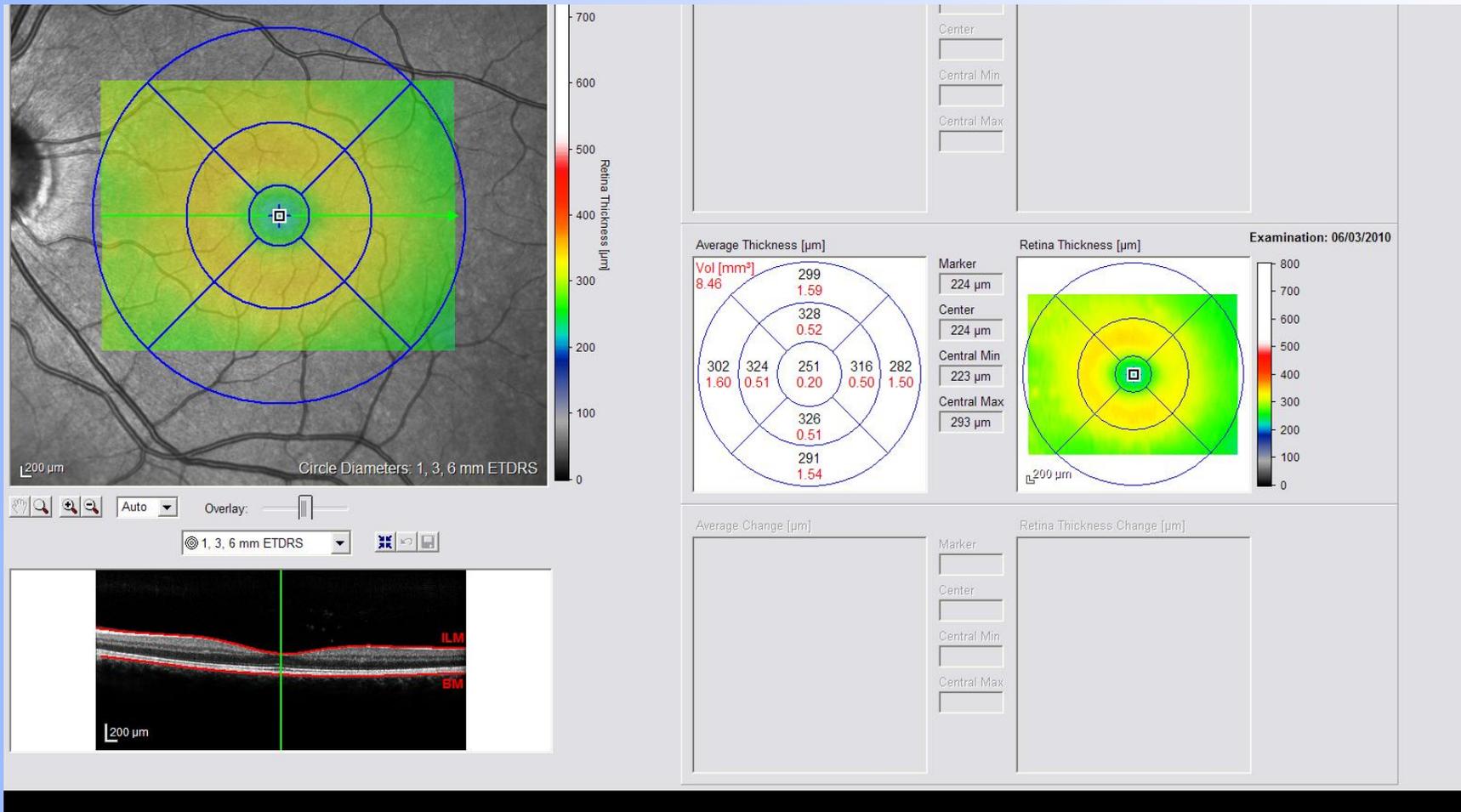
NOUVEAU



O.C.T normal

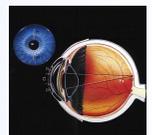


MAPPING



Formes cliniques de la DMLA

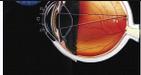
- MLA
- Forme atrophique
- Forme exsudative



FORME ATROPHIQUE

- Acuité visuelle longtemps conservée
- Évolution lente
- Centripète
- Sans traitement actuellement
- Souvent isolée
- Mais formes associées avec nvv
- Évolution souvent dramatique

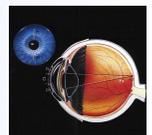




LA FORME EXSUDATIVE

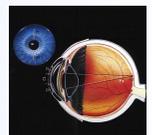
Forme « HUMIDE » ou NEOVASCULAIRE :

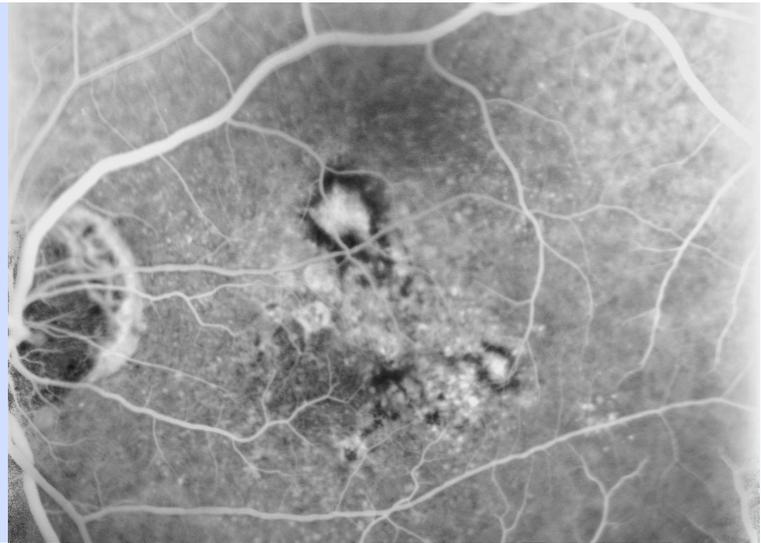
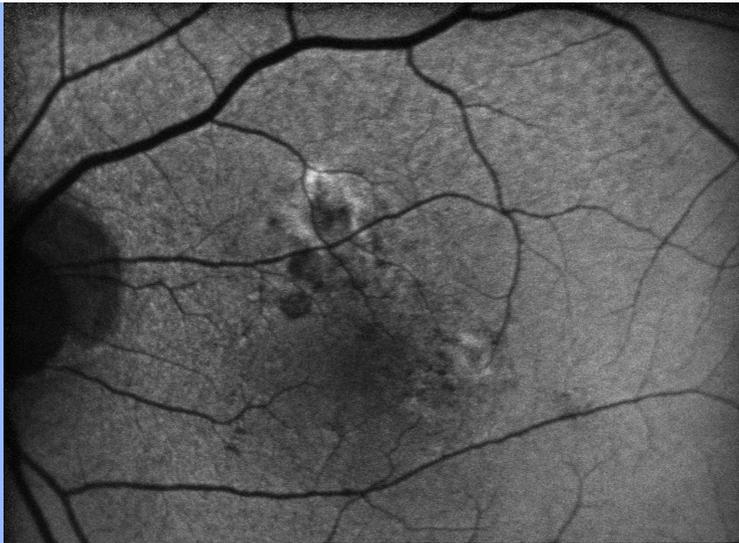
- Néovaisseaux Visibles
- Néovaisseaux Occultes
- Mixtes
- Les D.E.P (Décollements de l'Épithélium Pigmentaire)
- Les anastomoses chorio-rétiniennes



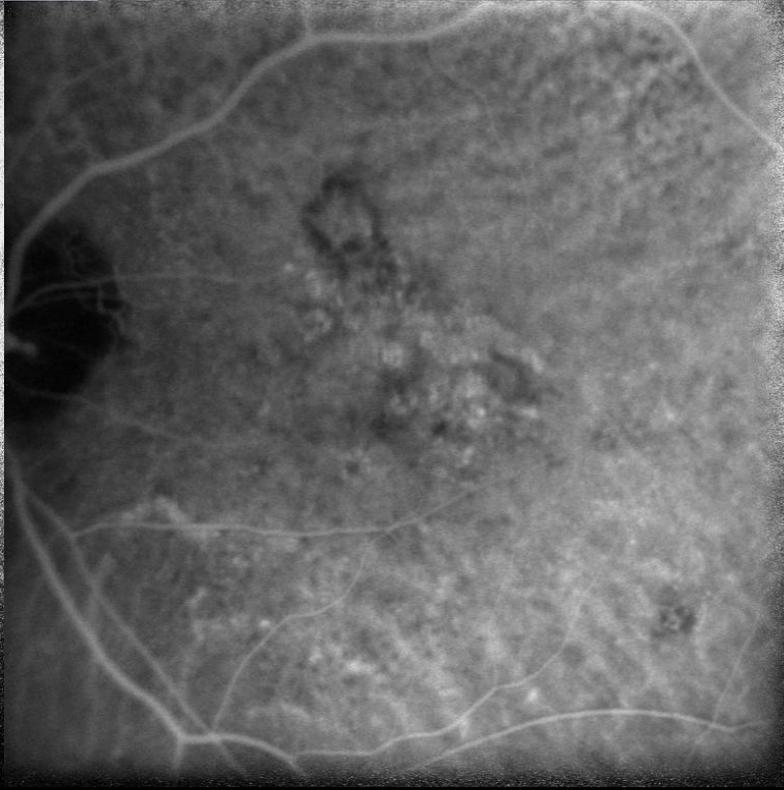
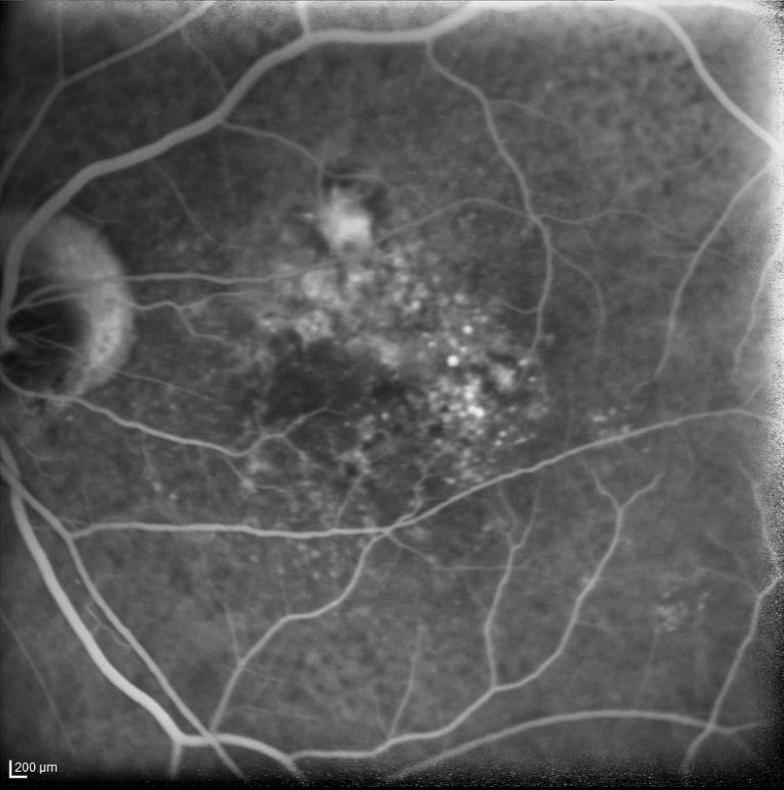
LES SIGNES CLINIQUES

- Baisse d'acuité visuelle CENTRALE
- Métamorphopsies (Amsler)
- Scotomes positifs, relatifs, absolus
- Le problème du deuxième œil





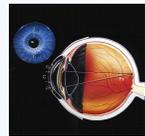
25/03/2011, OS
AF 30° ART(17) 9750.0 [R]

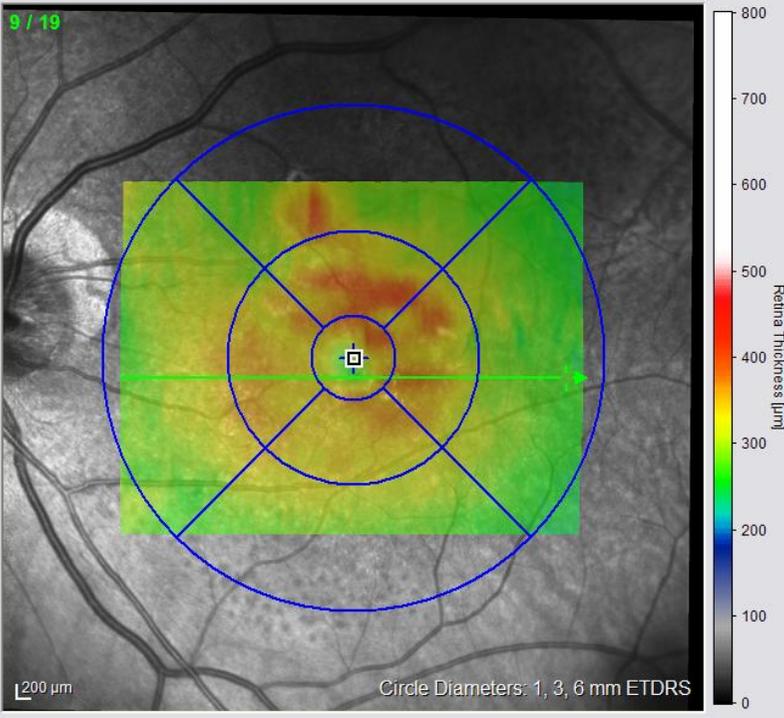


200 µm

25/03/2011, OS
FA&ICGA 5:02.42 30° ART(41) 7.43.13 30° ART(41) 9765.2

HEIDELBERG
ENGINEERS

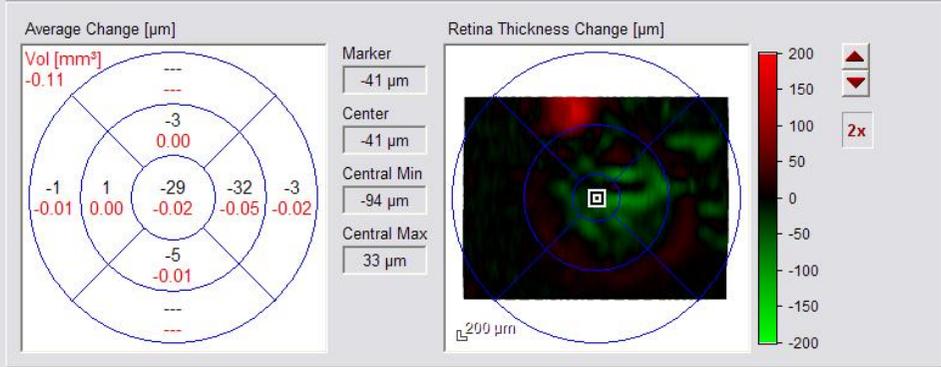
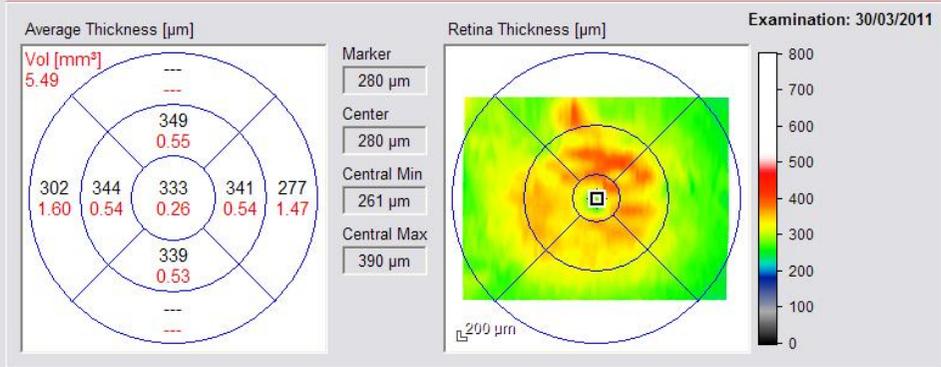
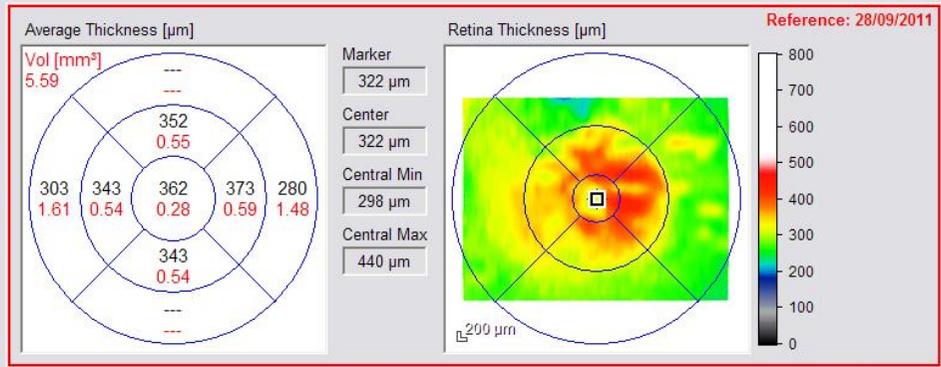
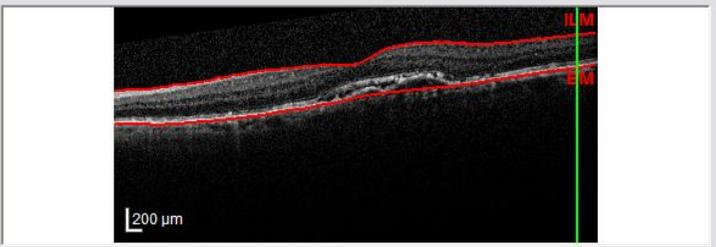




Auto

Overlay:

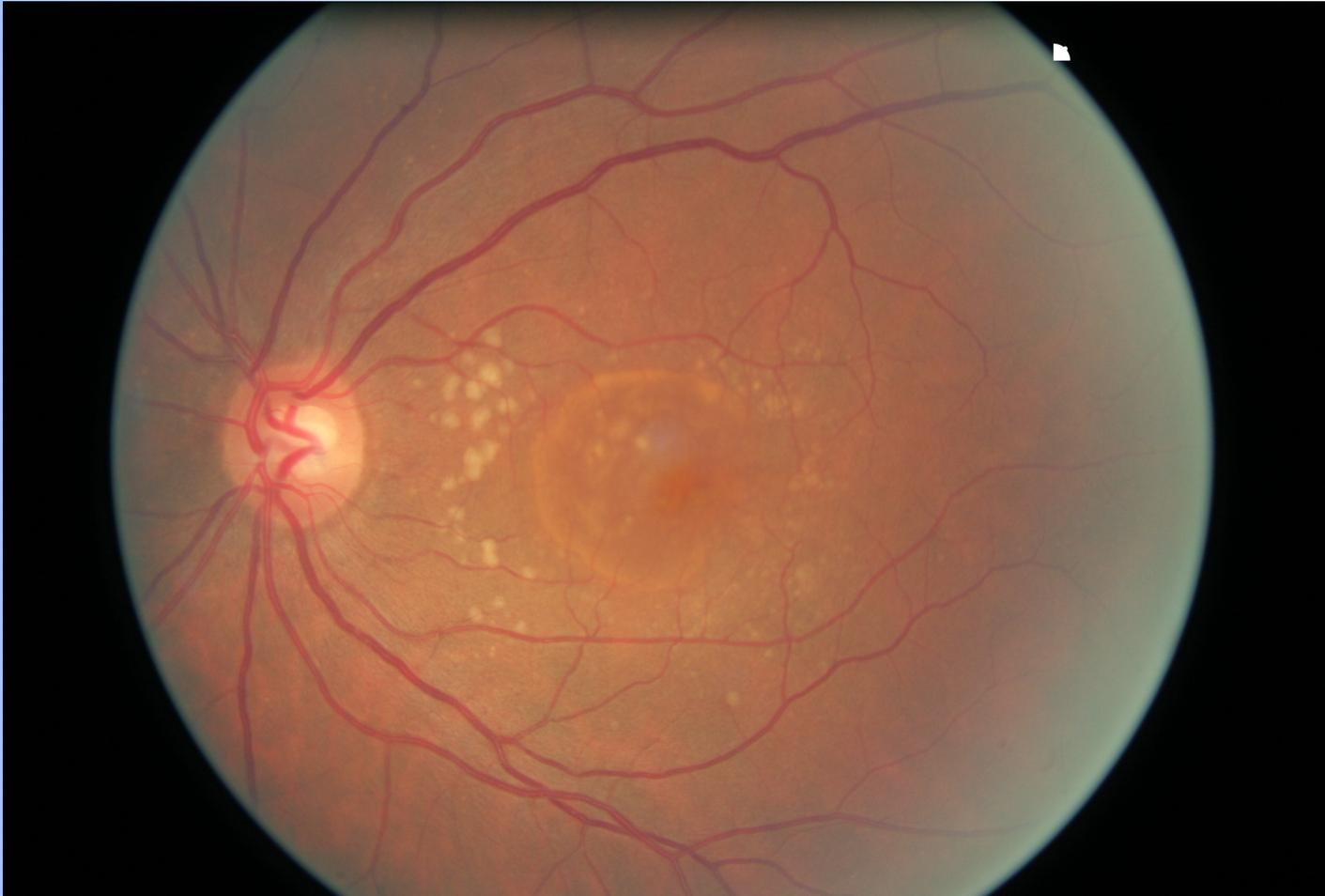
1, 3, 6 mm ETDRS

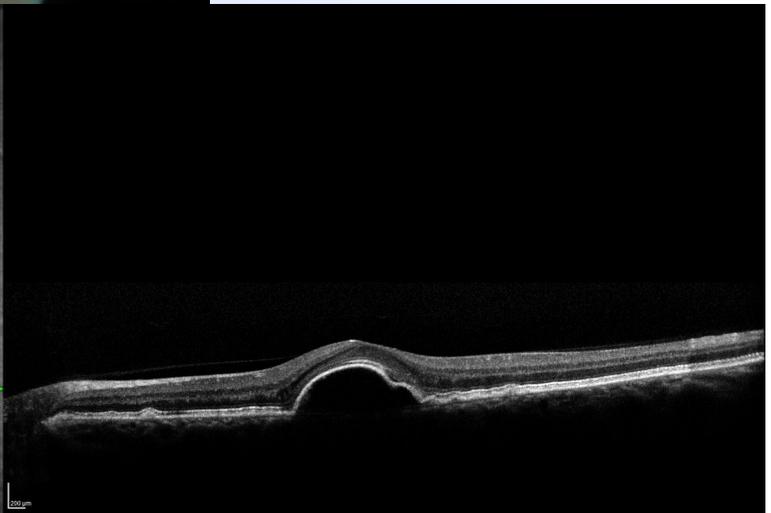
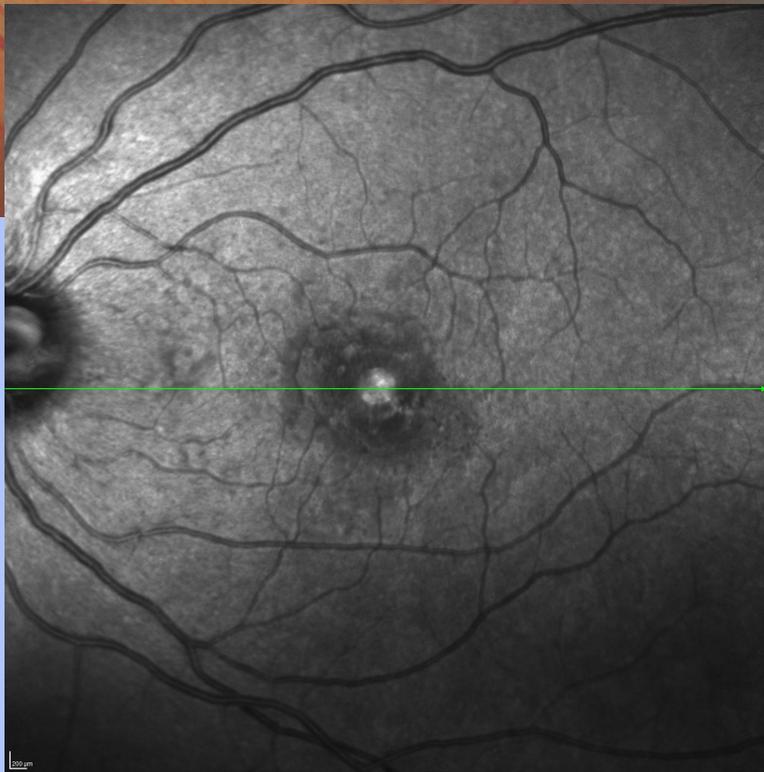
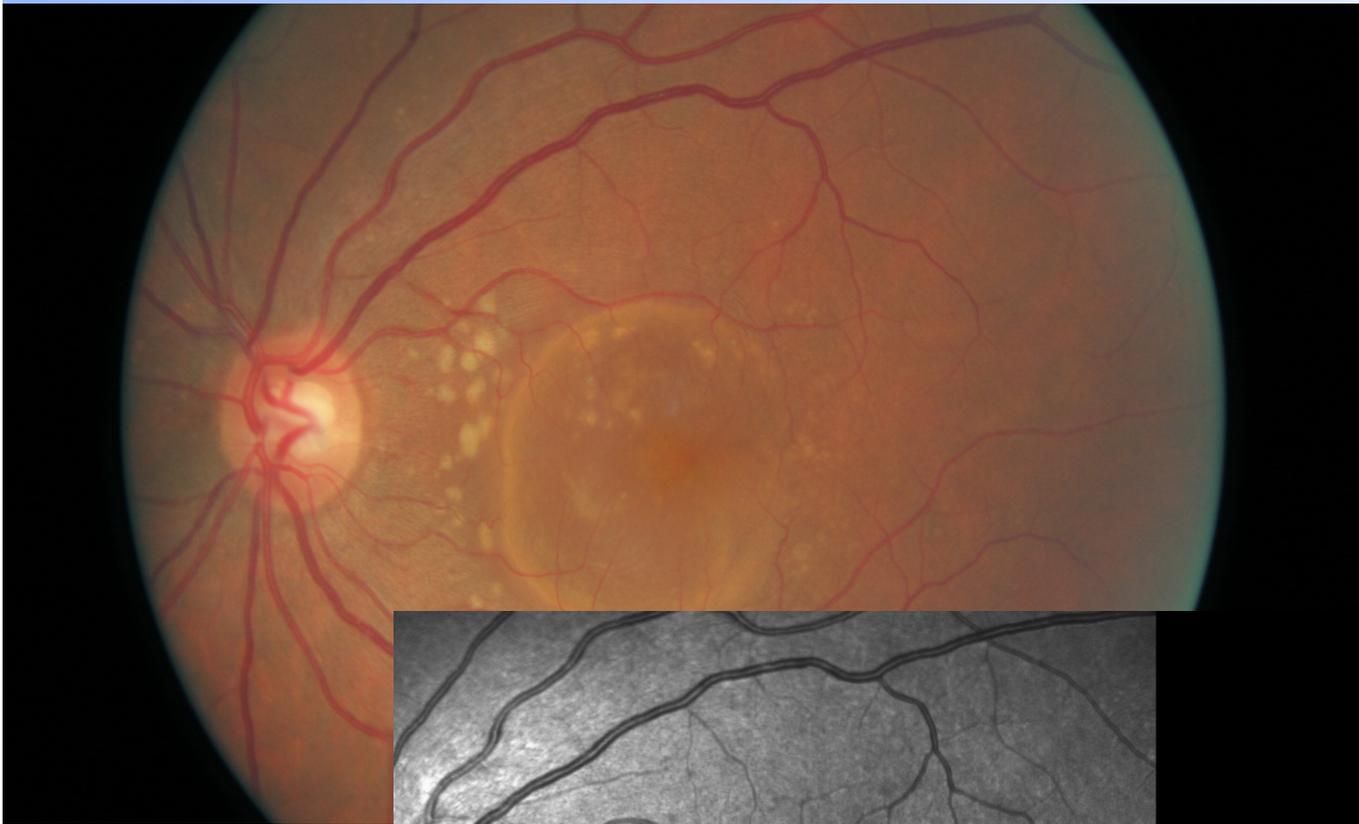


30/03/2011, OS

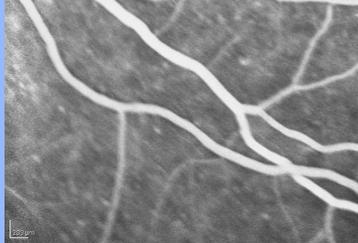
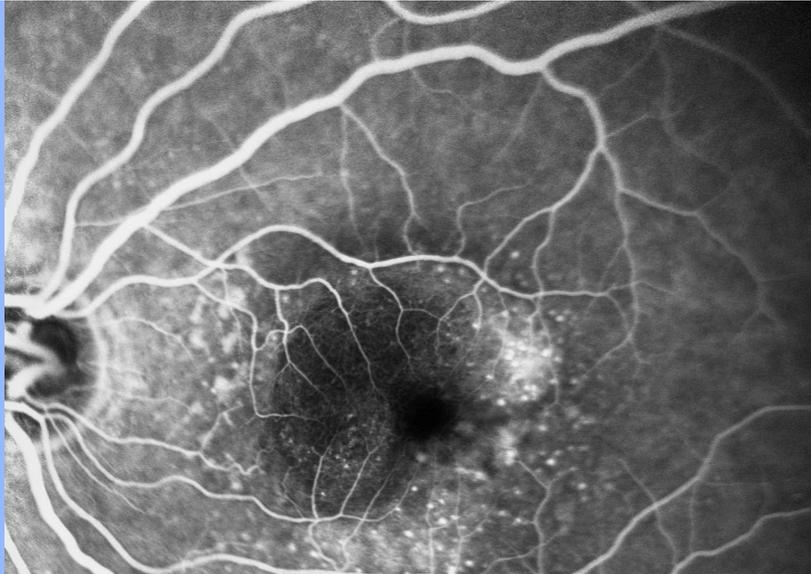


Les décollements vascularisés de l'épithélium pigmentaire





03/12/2009, 00
IRAOCT 30° ART 21.0 [IRI ART] (7) Q. 32

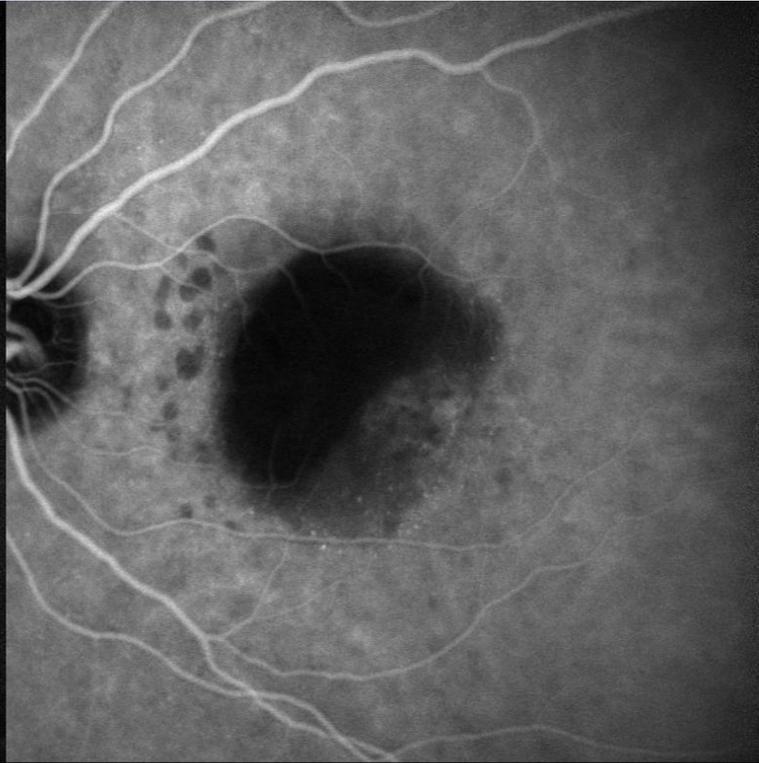


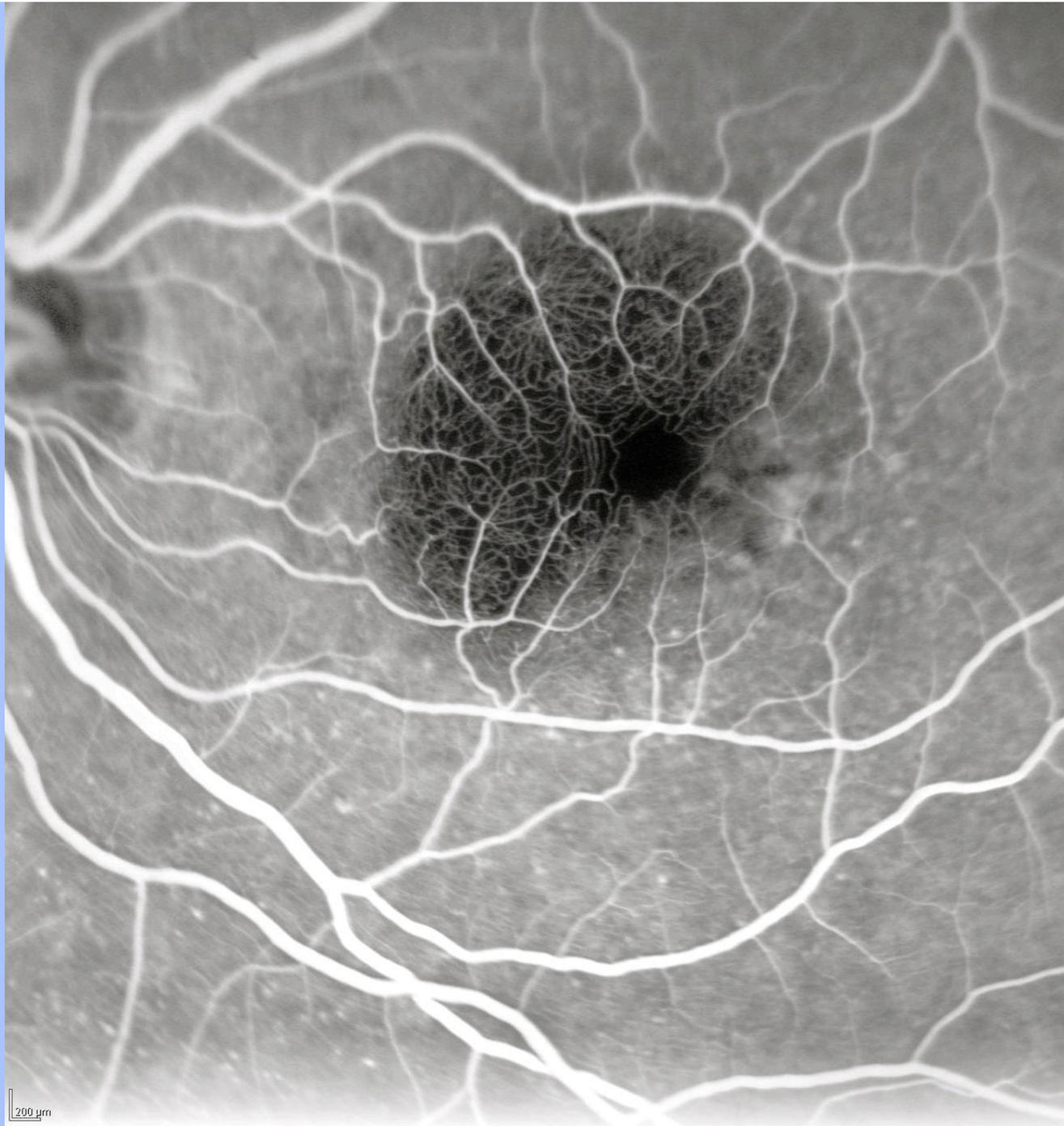
11/01/2011, OS
FA 5:21.88 30° ART(7) 0559.0 [HR]

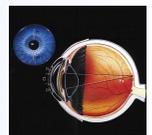
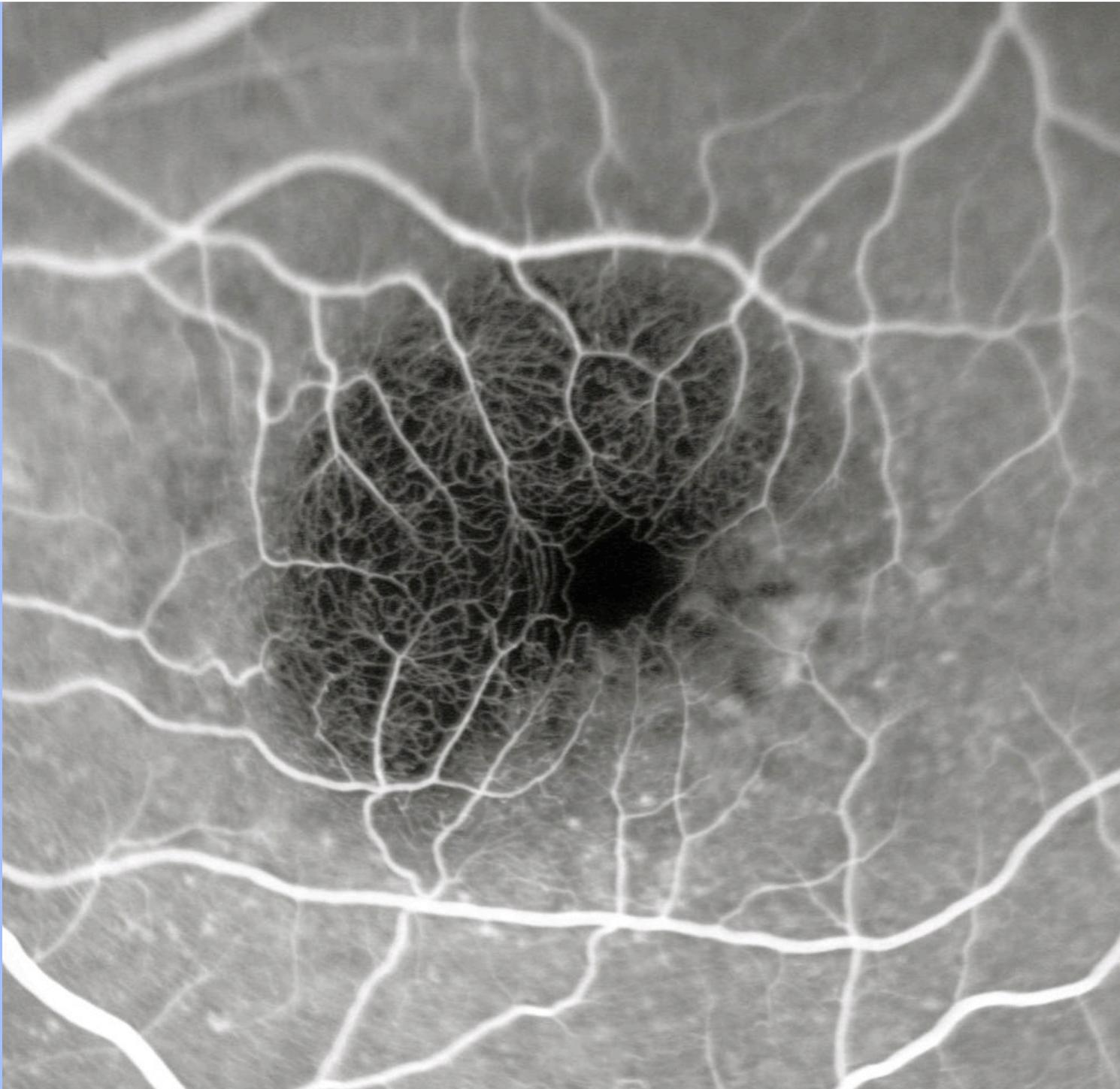


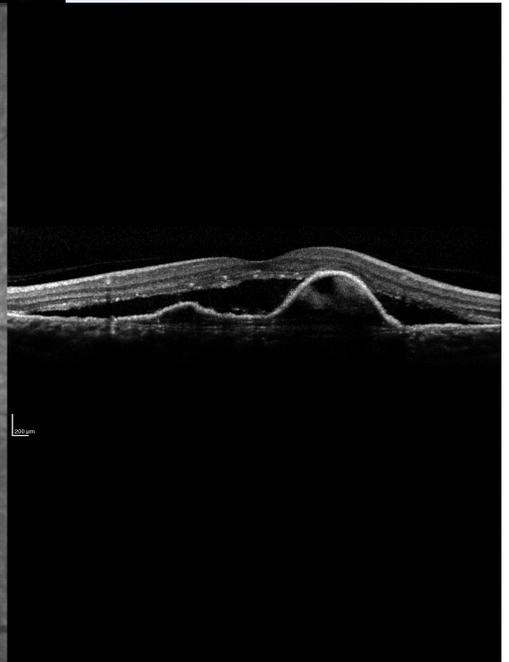
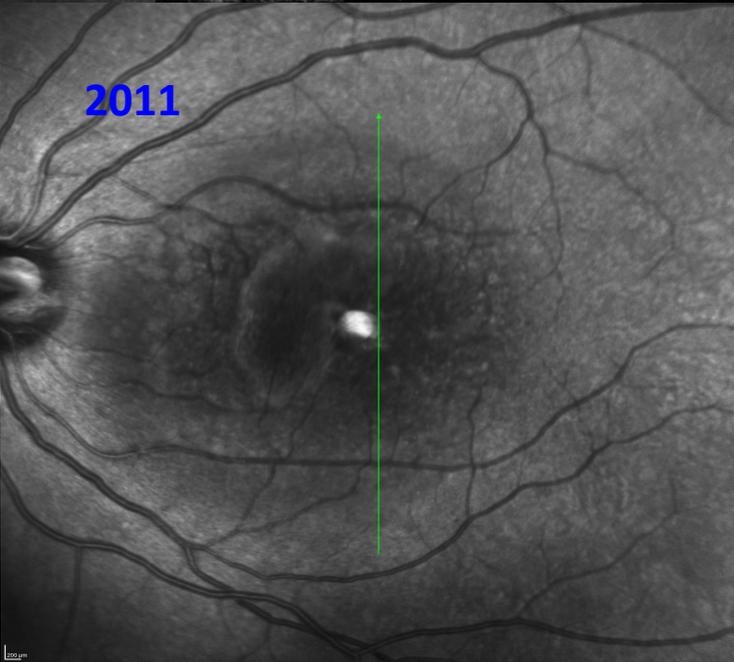
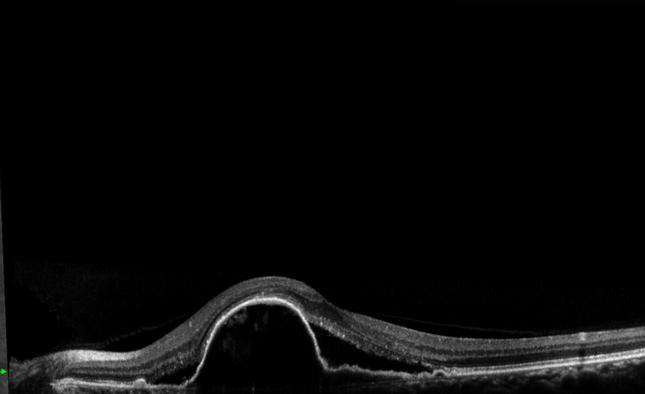
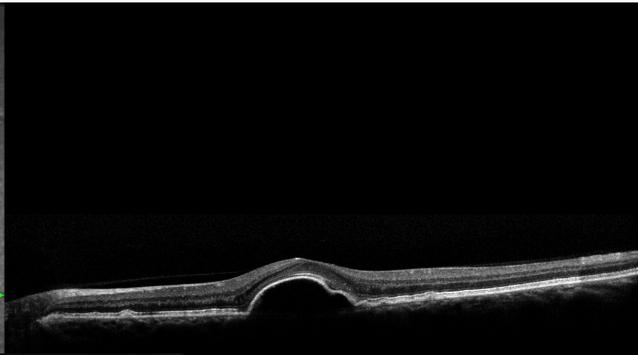
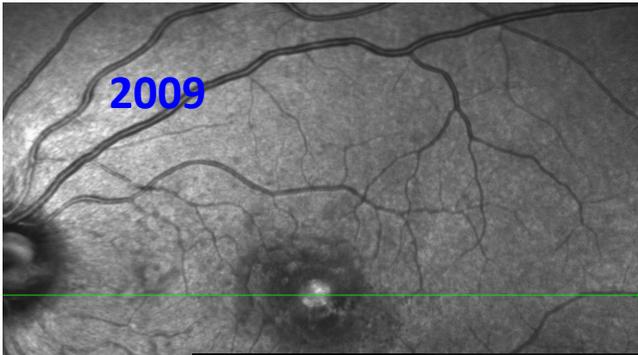
200 µm

11/01/2011, OS
FA&ICGA 5:30.34 30° ART(6) 7:15.88 30° ART(6) 6560.0









03/12/2009, 02
HRAOCT 30° ART 21.0 [R] ART(1) Q. 32

11/19/2010, 02
HRAOCT 30° ART 6106.0 [R] ART(1) Q. 35

30/06/2011, 05
HRAOCT 30° ART 16482.0 [R] ART(1) Q. 30

HEIDELBERG

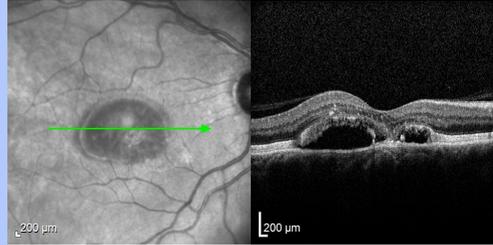
Patient: **LEMMITRE, ANNE**
Patient ID: ---

DOB: 16/déc./1928

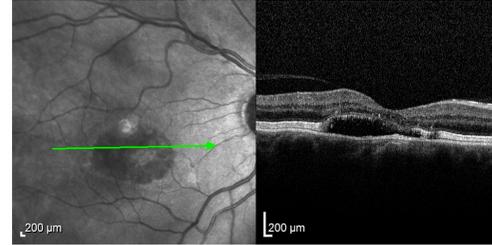
Sex: F

OD

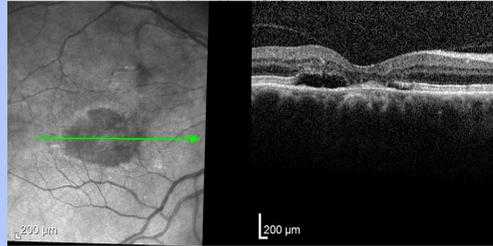
09/02/2009, IR 30° + OCT 20° (5.6 mm) ART (6) Q: 22 [HR]



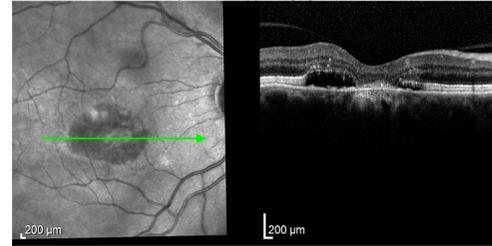
08/12/2009, IR 30° ART + OCT 20° (5.6 mm) ART (6) Q: 21 [HR]



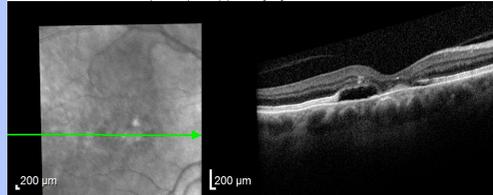
13/07/2010, IR 30° + OCT 20° (5.5 mm) ART (5) Q: 13 [HR]



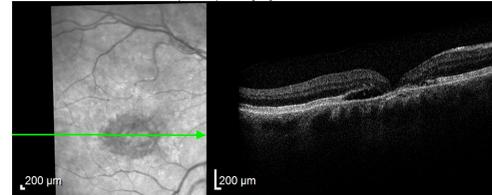
02/11/2010, IR 30° ART + OCT 20° (5.5 mm) ART (7) Q: 24 [HR]



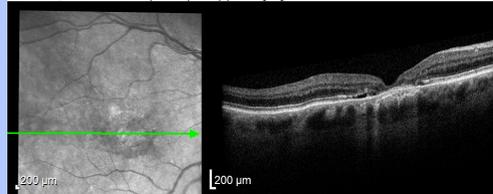
06/05/2011, IR 30° + OCT 30° (8.2 mm) ART (6) Q: 21 [HR]



31/01/2012, IR 30° ART + OCT 30° (8.2 mm) Q: 25 [HR]

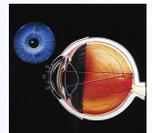


12/06/2012, IR 30° + OCT 30° (8.3 mm) ART (3) Q: 26 [HR]



Les traitements

- Laser :
 - ✓ laser direct
 - ✓ La VERTEPORFINE : VISUDYNE®
- Les anti-VEGF :
 - ✓ Le PEGAPTANIB : MACUGEN®
 - ✓ RANIBIZUMAB : LUCENTIS®
 - ✓ Le BEVACIZUMAB : AVASTIN®
 - ✓ L'AFliBERCEPT : EYLEA
- Les vitaminothérapies et compléments alimentaires



NOUVEAU
LE VEGF ET LES ANTI-VEGF



Ranibizumab LUCENTIS®

- Fragment d'anticorps monoclonal humanisé recombinant anti-VEGF A
- Poids moléculaire peu élevé
- demi-vie intra-vitréenne : 10 jours
- Inhibition de la prolifération des cellules endothéliales
- Inhibition de la perméabilité vasculaire



RECHERCHE PUBMED

Results: 1 to 20 of 1772

Select item 24562412

1.

[Choroidal thickness is affected by many factors which may change the effect of ranibizumab: author's response.](#)

Nishide T, Hayakawa N, Shibuya E, Yagi Y, Mizuki N.

Graefes Arch Clin Exp Ophthalmol. 2014 Feb 22. [Epub ahead of print] No abstract available. PMID: 24562412 [PubMed - as supplied by publisher]

[Related citations](#)

Select item 24558597

2.

[Bevacizumab versus Ranibizumab on As-Needed Treatment Regimen for Neovascular Age-Related Macular Degeneration in Turkish Patients.](#)

Ozkaya A, Alkin Z,



LE PROTOCOLE

PHASE D'INDUCTION

Une injection de 0,5 mg (0,05 ml) par mois pendant 3 mois



PHASE DE MAINTIEN

Le spécialiste contrôle l'acuité visuelle des patients
1 fois / mois

En cas de perte de plus de 5 lettres, LUCENTIS® doit être administré.
L'intervalle entre deux doses ne doit pas être inférieur à un mois.



Rythme d'injection
adapté à l'évolution
de la maladie
de chaque patient

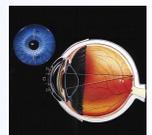


SURVEILLANCE

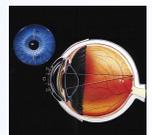
MENSUELLE :

- -Acuité visuelle
- -schéma d'AMSLER
- Rétinophotographies
- O.C.T

ou bien selon **d'autres protocoles**: PRONTO,
PRN, « treat & extend »...



CAS CLINIQUE



Histoire clinique Mr V. 67 ans, mars 2006 métam. OG , 0,5 p3ff M++



Juillet 2009 BAV 0,5 P2 m+++



09/12/2009, OS
IRAOCT 30° ART 351 2 [IR] ART(25) Q: 33



Retina Change Report, All Follow-Ups
SPECTRAL OCT Laser Tomography

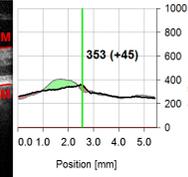
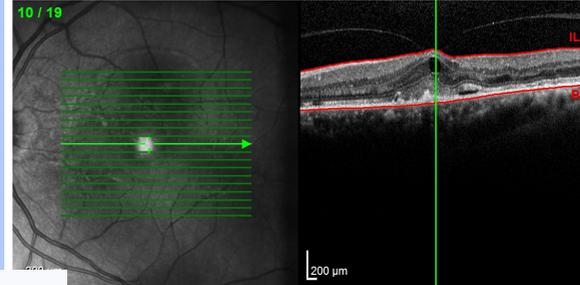
Patient: JEAN-PIERRE
Patient ID: [REDACTED]
Diagnosis: [REDACTED]

DOB: 23/oct/1938 Sex: M
Comment: ---

OS

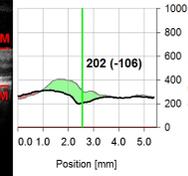
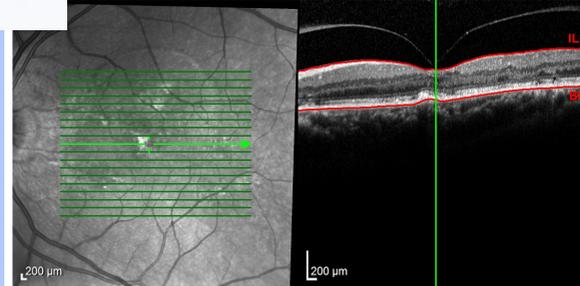
Baseline 08/déc./2009

10 / 19



IR 30° ART + OCT 20° (5.6 mm) ART (8) Q: 21 [HR]

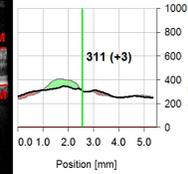
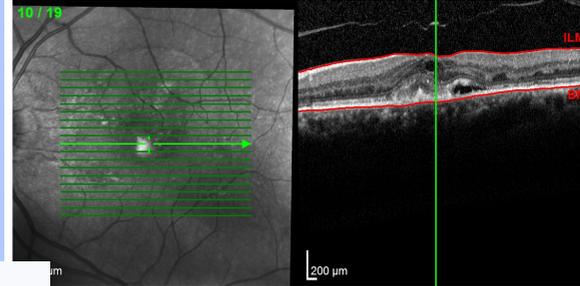
Up #1 12/mars/2010



IR 30° + OCT 20° (5.5 mm) ART (9) Q: 22 [HR]

Follow-Up #2 06/mai/2010

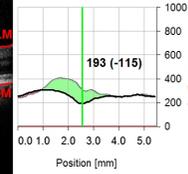
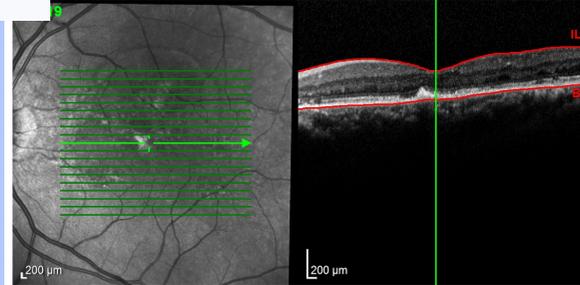
18 / 19



IR 30° ART + OCT 20° (5.5 mm) ART (9) Q: 18 [HR]

Follow-Up #3 01/juil./2010

25 / 19



IR 30° ART + OCT 20° (5.5 mm) ART (10) Q: 25 [HR]



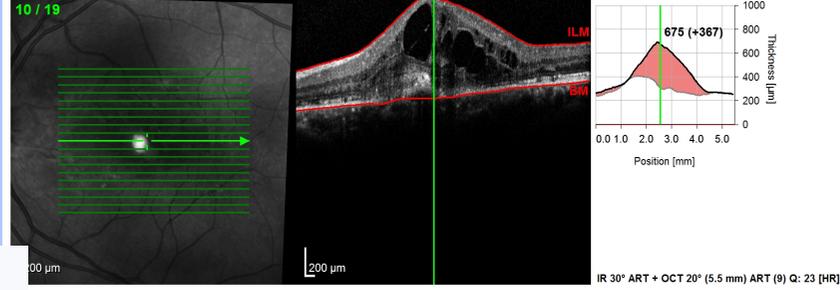
Patient: [REDACTED] N-PIERRE
Patient ID: [REDACTED]
Diagnosis: [REDACTED]

DOB: 23/oct./1938 Sex: M

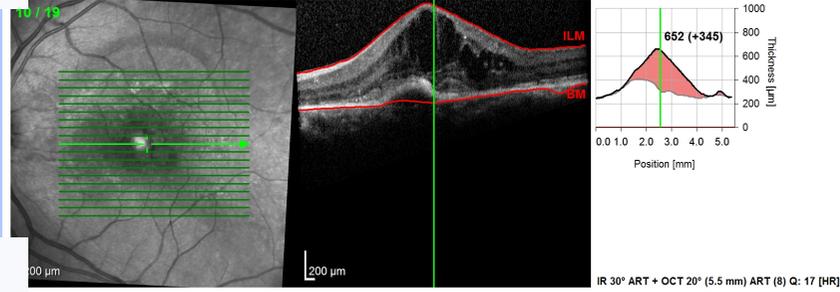
OS

Comment: ---

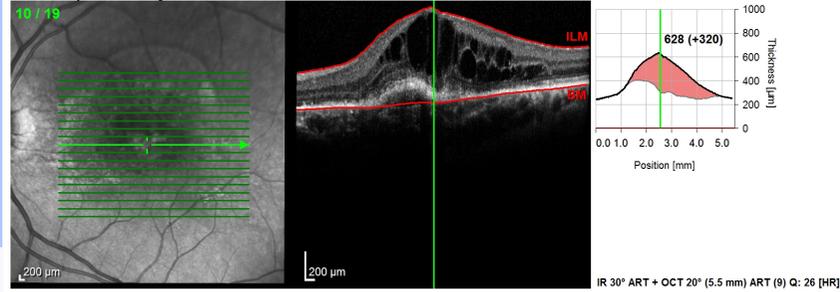
Follow-Up #4 31/août/2010



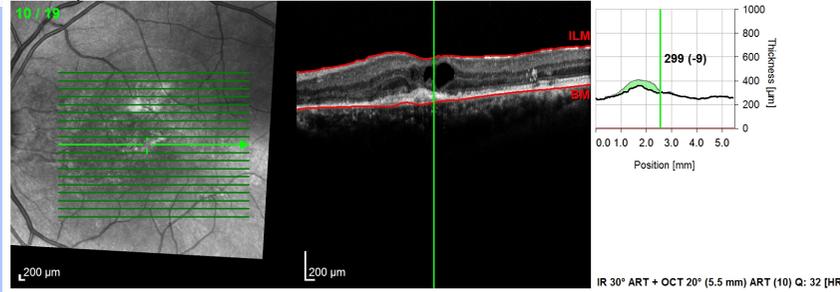
Follow-Up #5 05/nov./2010



Follow-Up #6 27/janv./2011



Follow-Up #7 02/mai/2011



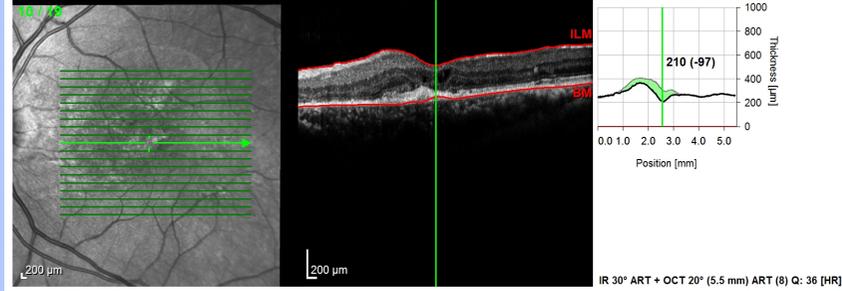
Patient: [REDACTED] PIERRE
Patient: [REDACTED]
Diagnosis: [REDACTED]

DOB: 23/oct./1938 Sex: M

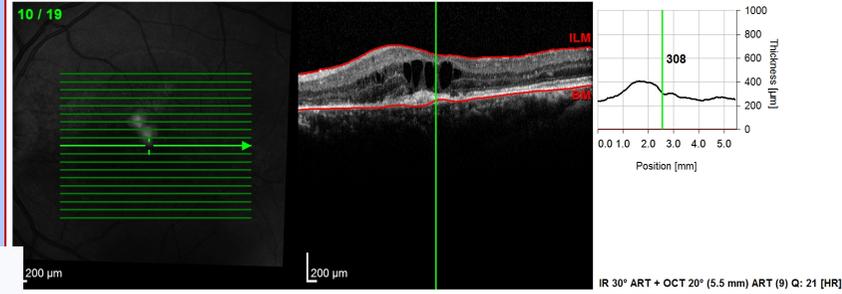
OS

Comment: ---

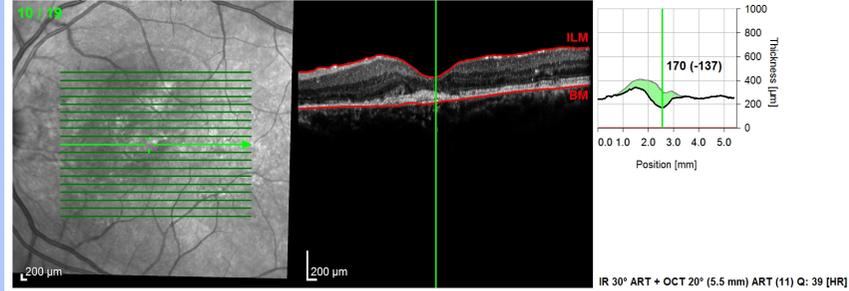
Follow-Up #8 31/mai/2011



Reference 30/août/2011

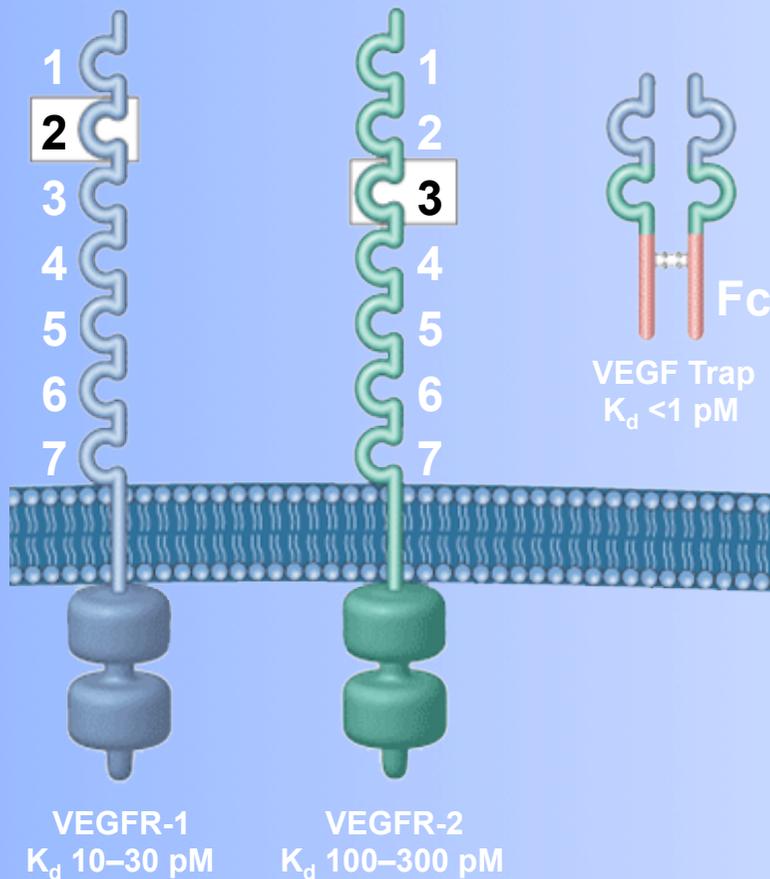


Follow-Up #10 20/sept./2011



Aflibercept (VEGF Trap-Eye):

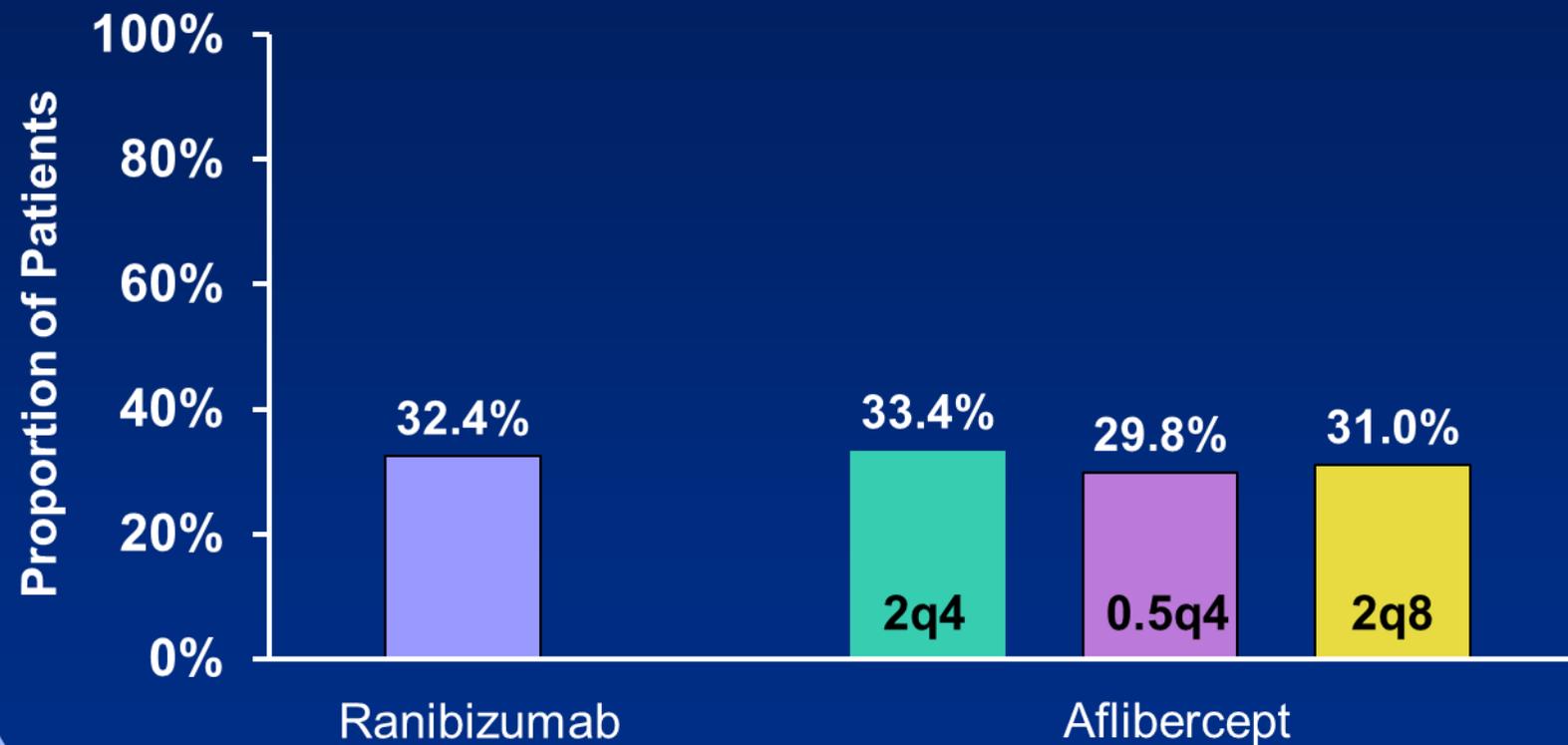
NOUVEAU



- Protéine de fusion constituée des domaines clefs du récepteur humain VEGFR 1 et 2 et du fragment Fc humain de l'IgG
- Les études précliniques ont démontré que l'Aflibercept:
 - Piège de multiples isoformes du VEGF-A et du PlGF
 - Lie le VEGF-A et le PlGF avec une affinité supérieure aux récepteurs natifs
 - Lie le VEGF entre ses bras sans risque de formation de complexes multimériques
- L'Aflibercept est purifié et spécifiquement formulé pour les IVT
 - Solution Iso-osmotique adaptée à l'environnement intraoculaire



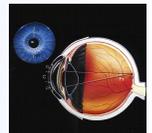
Patients gagnant ≥ 15 lettres à la semaine 52



Compared to baseline; LOCF; full analysis set; Rq4 n=595; 2q4 n=613; 0.5q4 n=597; 2q8 n=607;



Les protocoles et la surveillance



Qu'y a-t-il de
BON à MANGER

pour

**PROTÉGER
L'ŒIL de la DMLA* ?**

*Dégénérescence maculaire liée à l'âge

BAUSCH+LOMB

Moi et ...

La DMLA

DÉGÉNÉRESCENCE MACULAIRE
LIÉE À L'ÂGE

NOVARTIS

Si votre patient voit des lignes ondulées, tordues, déformées ou certaines zones sans quadrillage, ces signes doivent vous alerter.

Vision d'une personne atteinte de DMLA exsudative.

86880 - avril 2008

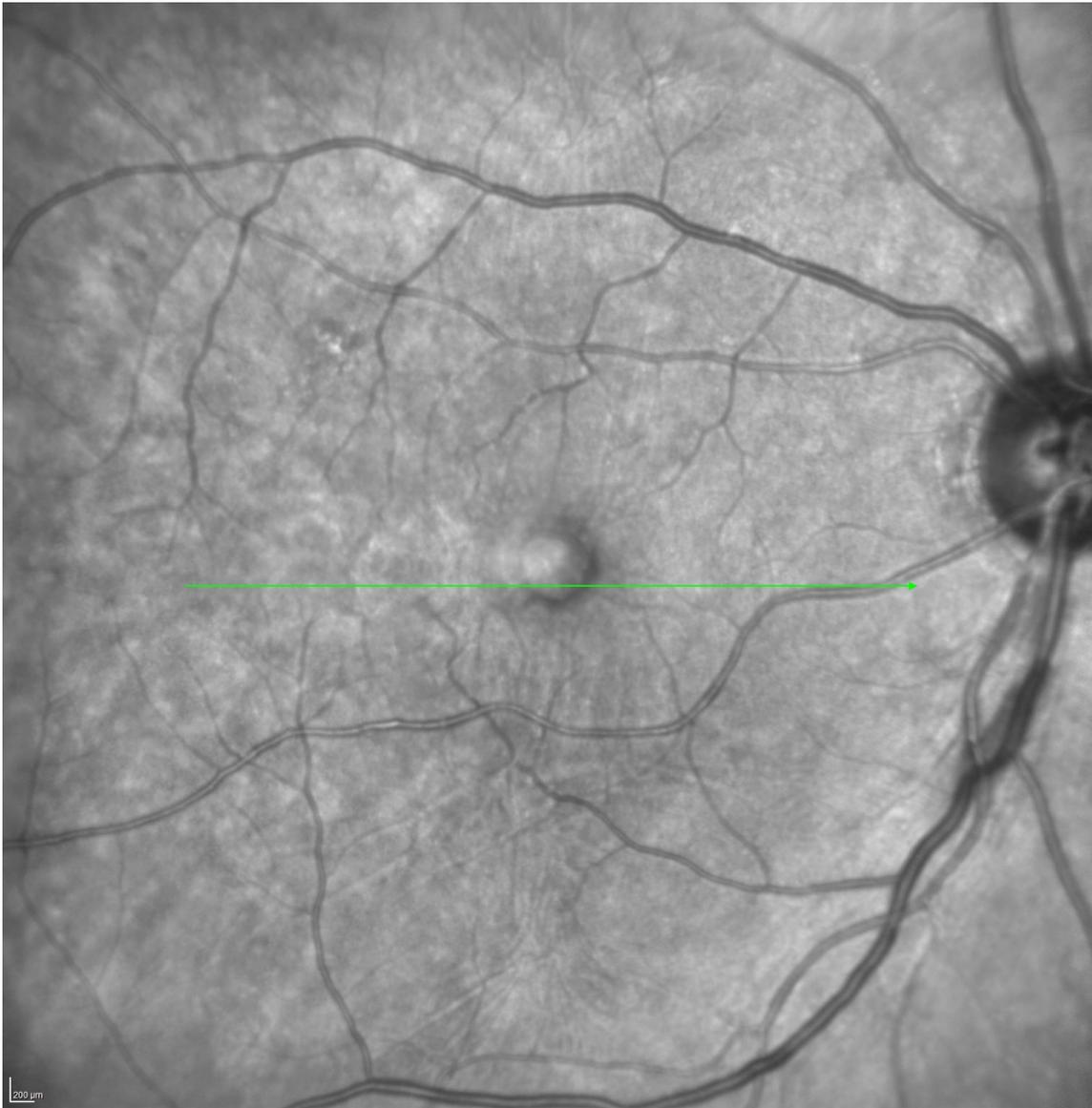
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HEIDELBERG
ENGINEERING

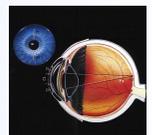


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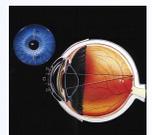
-O.C.T

**-Anti-VEGF injections intra-vitréennes
(ranibizumab, et aflibercept)**

Lumière bleue



Déroulement d'une injection intra-vitréenne





MERCRI DE VOTRE ATTENTION

