## Choroidal Thickness in Patients with Retinal Vein Occlusion Before and After Intravitreal Anti-VEGF: A Systematic Review and Meta-Analysis

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## Introduction

- Retinal vein occlusion (RVO) is a common retinal vascular disorder that leads to significant vision loss primarily due to macular edema and ischemia<sup>1</sup>.
- First-line treatments involve intravitreal anti-VEGF injections (e.g., bevacizumab, ranibizumab, aflibercept) that target VEGFmediated vascular hyperpermeability<sup>2</sup>.
- Intravitreal corticosteroids (such as dexamethasone implants) are used as second-line therapies to combat inflammation, despite their associated side effects<sup>3</sup>.
- Advanced OCT modalities (especially sweptsource OCT) enable precise measurement of choroidal thickness, establishing it as a promising biomarker for disease activity and treatment response in RVO<sup>4</sup>.

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## Study Aim

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•This systematic review evaluates changes in subfoveal choroidal thickness (SFCT) and best-corrected visual acuity (BCVA) following anti-VEGF and corticosteroid treatments.

## **Methods**

- Databases Searched: MEDLINE, Cochrane Central, Web of Science, and Embase.
- Primary Outcomes: Changes in SFCT and BCVA at 1, 3, 6, and 12 months.
- Analysis: Data extracted independently by reviewers.
   Fixed-effect meta-analysis performed using RevMan
   5.3. Heterogeneity assessed using I<sup>2</sup> and Cochran's Q.

Indusion Criteria	Studies that recorded patients' pre and post-invitreal injection choroidalt hickness and visual outcomes Studies that examined patients with any of the following types of retinal vein occlusion: central, branch, he miretinal, un specified RCTs, non-randomized prospective studies, retrospective studies, and other clinicalt rials Case series and case reports published in the last 15 years
Exclusion Criteria	Systematic review and meta-analyses     Case series and case reports published more than 15 years ago

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**Figure 1.** PRISMA Flow Diagram of the Study Selection Process

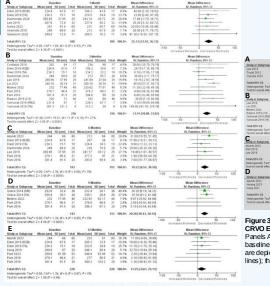


Figure 2. Forest Plots of Subfoveal Choroidal Thickness Change in BRVO Eyes at 1, 3, 6, 9, and 12 Months

Panels A-E show the mean difference (MD) in SFCT (µm) from baseline to each follow-up in eyes with BRVO. In each panel, individual studies are represented by squares (size \approx study weight) with horizontal lines denoting their 95% confidence intervals. The diamond at the bottom of each panel depicts the molted MD and its 95% CF.

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Figure 3. Forest Plots of Subfoveal Choroidal Thickness Change in CRVO Eyes at 1, 3, 6, and 12 Months

Panels A-D show the pooled mean difference (MD) in SFCT (µm) from baseline at each follow-up after ant-VEGF therapy. Individual studies are depicted by squares (size  $\alpha$  study weight) with 95% CIs (horizontal lines); the diamond represents the pooled MD and its 95% CI.

## **Discussion**

- Early SFCT reduction in BRVO and CRVO:
  - Both BRVO and CRVO eyes show a statistically significant decrease in subfoveal choroidal thickness (SFCT) at 1 month post-anti-VEGF injection.
- Sustainability of SFCT changes:
  - In BRVO, SFCT reduction persists at 6 months and is still present though diminished at 9 months.
  - By 12 months, however, the pooled effect is no longer statistically significant, suggesting a return toward baseline thickness—possibly reflecting natural disease progression or extended injection intervals.
- Prognostic Potential of Early SFCT: The magnitude of SFCT decrease at 1 month correlates with sustained reductions at later timepoints, especially in CRVO.

## **Conclusions**

- Intravitreal bevacizumab produces significant SFCT reductions in both BRVO and CRVO, with BRVO eyes demonstrating durable thinning up to 9 months and CRVO eyes exhibiting an even larger effect at 3 months.
- Early changes in SFCT, particularly at 1 month, may serve as an important biomarker for predicting future visual outcomes in retinal vein occlusion.

## Reference



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