Response to comments on: Long-term results of a single injection of intravitreal dexamethasone as initial therapy in diabetic macular edema

Dear Editor,

We sincerely thank Varghese *et al*.[1] for their interest in our article[2] and we would like to put our response to their comments as follows:

The authors are not denying the effectiveness of anti-VGEF in DME. This study is conducted as a prospective noncomparative study to evaluate the efficacy of intravitreal dexamethasone implant as an initial therapy in DME as a part of a thesis protocol of a DNB Post Graduate Trainee. We still stand by our claim of being the first noncomparative study as the study mentioned by Varghese *et al*. in their reference to the study by Gillies MC *et al*.[3] is a comparative study between intravitreal bevacizumab and dexamethasone implant. In the same study, they have mentioned and I quote that "We found no significant difference between two groups with respect to Visual gain" and "Ozurdex generally achieved better anatomical outcomes with substantially fewer injections". Hence, intravitreal dexamethasone can definitely be considered as a viable alternative to anti-VGEF in DME.

The statement "DME is known to have two phases, the initial VEGF mediated phase and the late inflammation-mediated phase" is not agreeable as suggested by various studies and I would like to quote a few important statements to support the same from the study by Pedro RA *et al*.[4] like "it still remains to be clarified whether angiogenesis following VEGF overexpression is a cause or a consequence of inflammation… Our analysis suggests that angiogenesis and inflammation act interdependently during the development of DME". Hence, both anti-VGEF and anti-inflammatory agents are effective in the management of any stage of DME. However, the anti-VEGF agents are the preferred molecules over inflammatory agents in the management of DME with PDR.

We have mentioned in our study that out of 30 eyes, 06 (26.6%) had recurrent DME upon 1 year follow up, which implies that a small group is having recurrence of disease after a period of 04 to 06 months. However, most of the patients exhibit anatomical and visual improvement and retain the same at the end of 1-year follow up, which is comparable to other studies.[5-7] Complications like increase in the postinjection risk of development of cataract and IOP is minimal and acceptable as mentioned in different studies.[8-10] Postinjection IOP increase is marginal and self-limiting, if steroid responders are excluded before injecting dexamethasone as done in our study.

Thus, we can came to a conclusion that intravitreal dexamethasone can be considered as a suitable alternative to anti-VEGF as an initial therapy for DME patients except for those with PDR or at high risk for glaucoma.

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Conflicts of interest

There are no conflicts of interest.

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