

Local therapy in treatment of cytomegalovirus (CMV) retinitis in AIDS. The ganciclovir implant (pellet)].

Fuchs, AV; Schneider, A; Schweykart, N; Klauss, V; Kampik, A

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Abstract:

BACKGROUND: Cytomegalovirus (CMV) retinitis with AIDS has been treated either systemically or locally by weekly intravitreal injections. An intraocular device now offers a new therapeutic approach. We investigated its efficacy in preventing progression of CMV retinitis without additional systemic therapy. Conversely, we also studied the risks and disadvantages of this method of drug administration. **PATIENTS AND METHODS:** In our study 46 devices were implanted in 28 patients. All patients were pretreated with systemic medication. Systemic treatment was stopped on the day of surgery. **RESULTS:** Severe perioperative complications occurred in one patient, who developed retinal detachment after surgery. Most patients showed no relapse of retinitis with the implant, though they did not receive systemic treatment for 8.1 months on average. Only 20% of our patients presented with extraocular CMV disease. Thirty-five percent (n = 17) of patients with unilateral retinitis developed CMV retinitis in the primary uninvolved fellow eye. After implantation of a device into this eye also progression could be stopped without additional systemic treatment. Two patients showed progression of retinitis due to an empty ganciclovir reservoir. A second device was implanted without removal of the first. **CONCLUSIONS:** The intraocular ganciclovir device appears to be an effective treatment for CMV retinitis with few disadvantages. Time to progression of retinitis tends to be prolonged compared to systemic treatment