

Intravitreal Triamcinolone

Category(ies): Vitreous

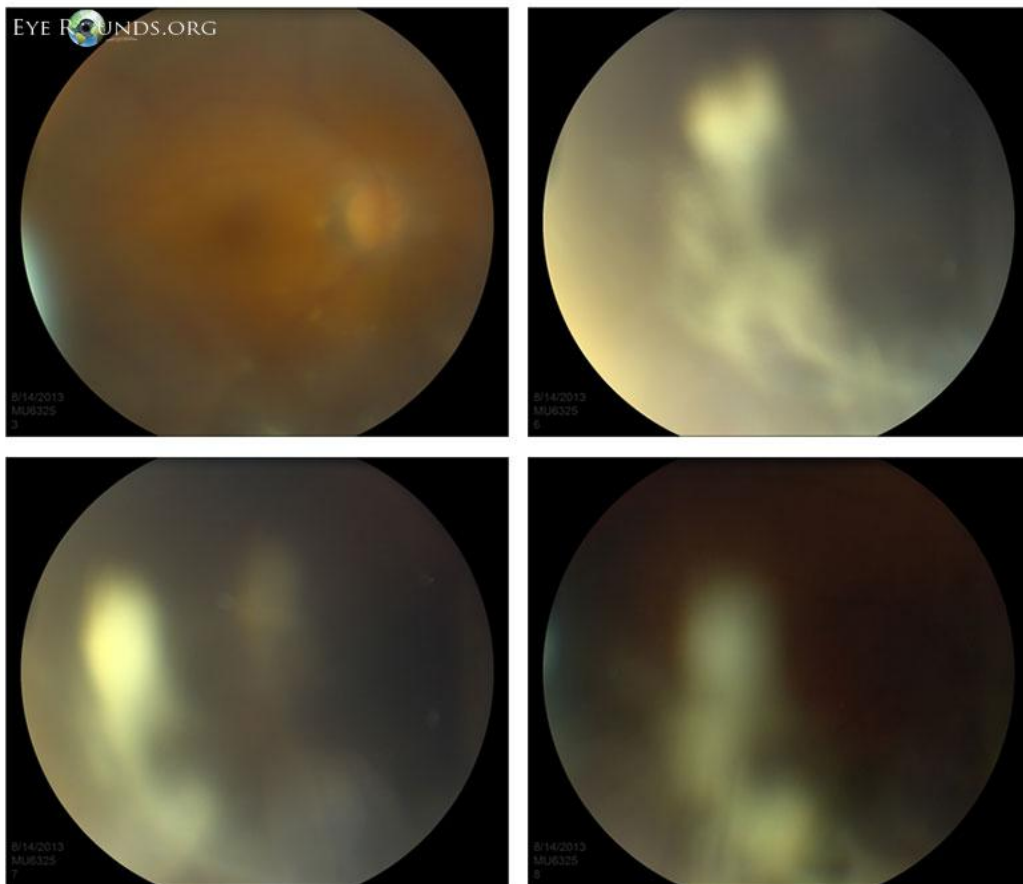
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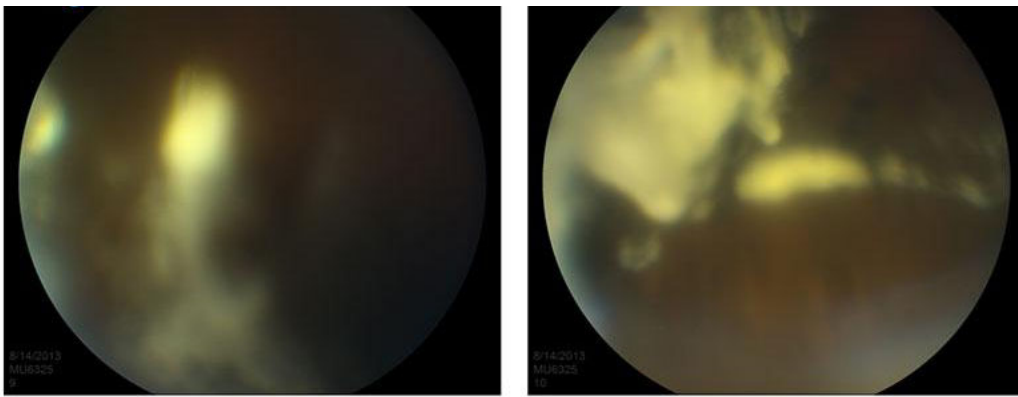
A 57-year-old female presented with chronic diabetic macular edema despite monthly and recent anti-VEGF therapy. The patient received 2 mg intravitreal triamcinolone because she was pseudophakic, had healthy optic nerves with normal intraocular pressure, and had no history of glaucoma.

Her vision in the affected right eye was 20/60, and her intraocular pressure was 14 by tonopen.



Dilated fundus exam of the right eye immediately following intravitreal injection of 2 mg (0.05 mL) triamcinolone in the inferotemporal quadrant. The view is hazy from the recent injection, as well as intentional focus in the vitreous. The yellow clumps represent triamcinolone in the vitreous cavity.

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The purpose of these images is to demonstrate what triamcinolone looks like immediately following injection into the vitreous.

- Triamcinolone acetonide (Kenalog) is a steroid that may be used for macular edema secondary to diabetes, vein occlusions, inflammatory conditions, etc.
- The dose use varies, however 2 mg (or 0.05 mL) and 4 mg (or 0.10 mL) are commonly used, studied, and well tolerated
- Intravitreal triamcinolone is injected via a similar technique as anti-VEGF therapy; however, it is sometimes preferably injected inferotemporally due to its visibly apparent (non-transparent or “milky”) consistency. Also, a slightly larger gauge needle is sometimes needed (eg 27 or 30 gauge) due to larger particle size.
- Preservative-free intravitreal Triesence (triamcinolone acetonide, Alcon) may also be used in a very similar fashion.

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