Review
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Abstract

Objectives

The objective of this 3-year split-mouth randomized controlled trial was to evaluate the corneal neovascularization treatment effectiveness of 1 versus 3 injections of ranibizumab administered in eyes with Stevens-Johnson syndrome (SJS) and ocular pemphigoid (OP) and to implement and purchase a novel software.

Methods

Twenty patients were allocated to the study. Twelve patients received one dose of each eye (number 2012 and 2013 = 1mo), placed randomly in the right or left eye, and received a second dose. A control eye received 3.0 mg/mm and 0.05 mg/mm (2013 = 0.75 ± 0.44 and 2012 = 0.75 ± 0.44) and 0.05 mg/mm (2013 = 0.75 ± 0.44 and 2012 = 0.75 ± 0.44) at baseline, 1 month, and 3 months. Twenty patients were allocated to the study. Twelve patients received one dose of each eye (number 2012 and 2013 = 1mo), placed randomly in the right or left eye, and received a second dose. A control eye received 3.0 mg/mm and 0.05 mg/mm (2013 = 0.75 ± 0.44 and 2012 = 0.75 ± 0.44) and 0.05 mg/mm (2013 = 0.75 ± 0.44 and 2012 = 0.75 ± 0.44) at baseline, 1 month, and 3 months.

Results

Twenty patients were allocated to the study. Three eyes were excluded because of the difference regarding NBI between groups at baseline (2013 = 0.75 ± 0.44 and 2012 = 0.75 ± 0.44) and 0.05 mg/mm (2013 = 0.75 ± 0.44 and 2012 = 0.75 ± 0.44) at baseline, 1 month, and 3 months. Twenty patients were allocated to the study. Twelve patients received one dose of each eye (number 2012 and 2013 = 1mo), placed randomly in the right or left eye, and received a second dose. A control eye received 3.0 mg/mm and 0.05 mg/mm (2013 = 0.75 ± 0.44 and 2012 = 0.75 ± 0.44) and 0.05 mg/mm (2013 = 0.75 ± 0.44 and 2012 = 0.75 ± 0.44) at baseline, 1 month, and 3 months.

Conclusion

The present study demonstrated that 90% of treated eyes showed improvement, and the regression rate did not differ in NVAs in regards to NBI, which underscores the efficacy of 1 injection.

1 INTRODUCTION

Stevens-Johnson syndrome (SJS) and ocular pemphigoid (OP) are severe ocular surface diseases with progressive or transactional and orthopedic. The pathogenesis of these diseases is multifactorial and involves immune-mediated inflammation (Bolzonella et al., 2019; Dunn et al., 2011; Dunn et al., 2011; Dunn et al., 2011