

Non-Steroidal Inflammatory Agent Therapy for Recurrent Macular Edema

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Macular edema is a common consequence of uveitis, and such edema often persists even after the uveitis has been successfully brought under control. This complication of uveitis is one of the most common vision-limiting complications of the disease. The usual traditional approach to treating this is with regional steroid injection therapy, and, indeed this approach appears to be highly effective in many practitioners' experience. However, the rate of relapse of the macular edema after initial successful improvement of the macular edema as a result of regional steroid injection therapy is quite high. We have had the impression, over the past decade, that concomitant use of oral nonsteroidal anti-inflammatory drug therapy, long-term, reduces that relapse rate. We have recently designed a randomized, placebo-controlled, double-masked clinical trial to test the hypothesis that long-term nonsteroidal anti-inflammatory drug therapy reduces the relapse rate of macular edema after successful resolution of that macular edema with regional steroid injection therapy. This study will begin by the end of 1997, and is likely to require two years for successful completion. Recruitment of patients for this trial is currently beginning.