

Diabetes Alone Does Not Impair Recovery From Uneventful Cataract Surgery



REPLY

WE APPRECIATE THE INTEREST OF DRS GRZYBOWSKI AND Adamiec-Mroczek in our article.¹ They point out that combination therapy with corticosteroids and nonsteroidal anti-inflammatory drugs (NSAIDs) may have beneficial effects in the prevention of pseudophakic cystoid macular edema (PCME), but these effects seem to be limited to healthy patients and diabetic patients without retinopathy, with already a low incidence of PCME.² In our study, the relative risk for PCME was not increased among diabetic patients without retinal complications and on the optimal glycemic target with any of the anti-inflammatory medications used.¹ In another recent study, patients with diabetic retinopathy did not experience added benefit from NSAID adjunct over steroid monotherapy in PCME prophylaxis.²

Patients with diabetes are at increased risk of developing cataracts and therefore present for surgery at an earlier age.^{3,4} High glycosylated hemoglobin (HbA1c) level, a sign of poor glycemic control, has been associated with the development of microvascular complications and cataract.^{4,5} The coexistence of diabetic retinal manifestations, insulin dependence, and poor glycemic control has been linked with a risk for macular edema after cataract surgery.⁶ On the other hand, tight glycemic control and systemic vasoactive medication have been found to be protective against PCME.^{6,7} Thus, it is important to aim for tight glycemic control and optimal systemic medication before performing cataract surgery in patients with diabetes to effectively minimize the risk for PCME.

In clinical practice, combination therapy with corticosteroids and NSAIDs is frequently prescribed for patients with diabetic retinopathy.² Scientific data on treatment optimization in PCME prophylaxis is especially warranted in subgroups of patients with proliferative diabetic retinopathy and prior history of or active diabetic macular edema. In case NSAIDs will prove ineffective or inferior to other available treatment options in this subset of patients, their routine use should be withdrawn to avoid unnecessary burden and costs for both the healthcare system and the patients. Based on a recent clinical trial, subconjunctival triamcinolone acetonide could be among the promising

treatment options—as a part of the dropless cataract surgery protocol or as adjunct therapy with topical anti-inflammatory eye drops—to counteract PCME in diabetic patients with severe vascular damage observed already prior to the surgery.⁸

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CONFLICT OF INTEREST DISCLOSURES: SEE THE ORIGINAL article for any disclosures of the authors.

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