

Exudative Progression of Treatment-Naïve Non-Exudative Macular Neovascularization in Age-Related Macular Degeneration: A Systematic Review with Meta-Analyses

2023

Purpose: To systematically review and report the rate of exudative progression over time in patients with non-exudative macular neovascularization (MNV) in age-related macular degeneration (AMD).

Design: Systematic review with prevalence meta-analyses and individual participant meta-analysis.

Methods: We searched 10 literature databases on March 26, 2023, for studies of consecutive patients with treatment-naïve non-exudative MNV in AMD. The primary outcome of interest was time from diagnosis to exudative progression. We conducted meta-analyses on the prevalence of exudative progression at 1 and 2 years. Where possible, we extracted individual participant data from studies and conducted an individual participant meta-analysis and explored the exudative progression using a time-to-event curve.

Results: We identified 16 eligible studies with a total of 384 eyes with non-exudative MNV. Exudative progression had occurred in

20.9 % (95 % CI: 13.1-29.8) of eyes at 1 year and in 30.7% (95%CI: 21.8-40.4%) at 2 years. Similar results were observed in the individual participant meta-analysis, showing exudative progression in 18.9% (95%CI: 13.5-26.3%) of eyes at 1 year and 31.3% (95%CI: 24.2-40.0%) at 2 years. Risk factors for a fast exudative progression were the presence of subretinal lipid globules, large MNV areas, rapid MNV growth, growth in pigment epithelium detachment height and width, appearance of a branching pattern, and development of a hyporeflective halo around the MNV.

Conclusions: Non-exudative MNVs in AMD are at high risk of exudative progression. Recognition of these lesions may allow for better individualized follow-up regimens in which closer monitoring may facilitate earlier diagnosis of exudative progression.

Declaration of Competing Interest Author J.H. has received speaker fees from Bayer and Zeiss, and has acted as consultant for Abbvie and Roche, not related to this work. Author M.S. has received investigator fees from Allergan, Bayer, Novartis, and Roche, has served as an advisory board member for Novartis and Roche, and acted as consultant for AbbVie, not related to this work. Author J.G. has received speakers fee from and has served as an advisory board member for Bayer, Novartis, Roche, and Allergan, not related to this work. Author Y.S. declares to have received speakers fee from Bayer and Roche, not related to this work. Other authors declare that no potential conflicts of interests exist in relation to this work.