The studies that used IVR generally reported higher rates of recurrence, which tended to occur in shorter intervals after IVI. In a retrospective study (n = 50 eyes; IVR, 0.25 mg/0.025 mL), the recurrence rate was 64% and occurred on average at 7.9 weeks (SD, 2.7) after injection (94% between 2.5-12.0 weeks). They noted that the recurrence could affect both the initial extraretinal fibrovascular proliferation site (4.5 ± 1.4 weeks) and the new advancing vascular edge (9.1 ± 2.0 weeks; P < 0.001). Arámbulo et al. reported on 43 infants

(85 eyes) with zone 1 or posterior zone 2 ROP who were treated with IVR (0.25 mg) monotherapy. All eyes initially responded well; however, the recurrence rate was 53.6% (mean interval after first IVR, 7.1±3 weeks, range, 3-15) (postmenstrual age, 43±3.2 weeks, range, 35.5-54.5). Huang et al. assessed IVR treatment for type 1 ROP and reported that the recurrence rate was as high as 48% in cases with the initial response. Several risk factors have been associated with an increased recurrence rate of ROP after IVI. In the study by Huang et al., (IVR), lower GA

(< 29.5 w) and more severe ROP were associated with a greater likelihood of reactivation. Iwahashi et al. confirmed that lower corrected age at the time of anti-VEGF therapy (≤ 35 weeks; P = 0.014) and AP-ROP (P = 0.044) were associated with a higher rate of recurrence. Another study (n = 92 eyes; IVB; recurrence rate, 18%) found lower GA, greater avascular area, AP-ROP, and Asian ethnicity as predictors of ROP reactivation (P < 0.01 for all). Extensive extraretinal fibrovascular proliferation (P = 0.005) and continued oxygen therapy after

injection (P = 0.016) were independent risk factors for recurrence in the study performed by Lyu and colleagues. In addition to the patient factors, the type of anti-VEGF (IVR > IVB) and lower injected doses may also increase the risk of recurrence (without compromising the initial response).

The recurrence could be managed with both re-injections of IVB and laser therapy; however, the latter should be preferred.