

# Treatment of Retinitis Pigmentosa with Intravitreal Injection of Etamsylate: Case Report

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## Abstract

Cystoid Macular Edema (CME) is a common complication of Retinitis Pigmentosa (RP) which increases with time and its treatment remains a challenge. Aberrant inflammation plays an essential role in RP. Here we report that local application of etamsylate, a powerful anti-inflammatory medicament, led to clinical improvement in a patient presenting this condition.

**Keywords:** Retinitis Pigmentosa; Etamsylate; Fibroblast Growth Factor

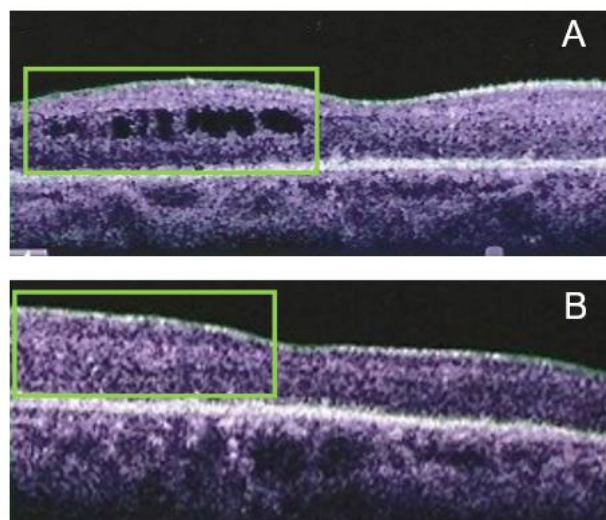
## Introduction

RP is a genetic progressive disease characterized by the death of photoreceptors that produces night blindness and finally a total vision loss in both eyes [1]. This disease affects 2 million people in the world [2]. This condition is characterized with photophobia, central visual constriction, mid-peripheral bone spicula pigmentation, optic disc pallor and attenuation of retinal arteries at fundus oculi examination. CME is a common complication of RP that occurs in 10% to 38% of patients [3].

Chronic inflammation plays a deleterious effect on the retinal function as such occurs in RP [4]. Thus, reduction of retinal inflammation emerges as a new therapeutic target to reduce the deleterious effects in RP. In this study, we assess the efficacy of etamsylate, a powerful anti-inflammatory drug in a RP patient [5,6].

## Case Presentation

A female with 36 years history of RP presented at the Hospital Pio XII (Madrid, Spain). Having signed her consent, patient was ophthalmologically examined. Spectral-Domain of Optical Coherence Tomography (SD-OCT) and Best-Corrected Visual Acuity (BCVA) were performed. Patient received an intravitreal injection of etamsylate (150 µl) (Sanofi-Aventis, Paris, France) in her left eye. At baseline SD-OCT showed a parafoveal cystoid macular edema in the nasal portion (Fig. 1) and BCVA was 0.1. Ten days after treatment macular edema disappeared (Fig. 1) and BC-VA was 0.3.



**Figure 1:** Spectral-Domain of Optical Coherence Tomography (SD-OCT) demonstrated macular edema at baseline (A, rectangle). After 10 days of etamsylate treatment macular edema disappeared (B, rectangle).

### Discussion

Retinal inflammation is characterized by the proliferation and migration of glial cells and the synthesis of inflammatory molecules which affects the retinal function [7]. Repeated intravitreal ranibizumad (an anti-VEGF drug) has been used in patients with RP [8]. However, no significant improvement was noted in visual acuity beyond 6 months.

Etamsylate is a well characterized inhibitor of Fibroblast Growth Factor (FGF) that has demonstrated safety and efficacy in different human inflammatory-dependent diseases [5,6,9-11]. We have showed that etamsylate interact with both FGF and its receptors, displacing heparin from its binding site, modifying the tri-dimensional structure of the protein and its receptor recognizing site and consequently, dissociating the receptor-growth factor signalling complex [5]. These properties may account for the efficacy of the treatment. Therefore, etamsylate therapy could be an attractive option in treating retinitis pigmentosa.

### Conclusion

RP is characterized by degeneraiton of rod and cone photoreceptors that progresses to irreversible blindness. Etamsylate is an old medicament showing marked anti-inflammatory activity that can interrupt inflammatory network in the onset and progression of retinitis pigmentosa.

### Conflict of Interest

The authors declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

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None.

### Data Availability Statement

Not applicable.

### Ethical Statement

The project did not meet the definition of human subject research under the purview of the IRB according to federal regulations and therefore was exempt.

### Informed Consent Statement

Informed consent was not required for this study due to the use of anonymized data with no identifiable personal information.

### Authors' Contributions

PC wrote the article. LO performed the clinical study and JA prepared the iconography.

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