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论著

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### 光动力学疗法联合雷珠单抗对比雷珠单抗治疗湿性AMD有效性和安全性的Meta分析

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### A comparison of the efficacy and safety of ranibizumab combined with photodynamic therapy (PDT) versus ranibizumab monotherapy for the treatment of wet age-related macular degeneration : a meta analysis

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摘要 图/表 参考文献(0) 相关文章(13)

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#### 摘要

目的 系统评价光动力学疗法联合雷珠单抗对比雷珠单抗单独治疗湿性AMD的有效性和安全性。方法 Meta分析。检索美国国立医学图书馆、荷兰医学文摘、循证医学数据库、中国期刊全文数据库、万方数据库,共纳入6篇随机对照试验,共626眼,其中单纯注药组323眼,联合治疗组303眼。遵循Cochrane Handbook 5.0质量评价原则评价纳入研究的质量,然后采用Revman 5.0软件进行统计学处理。结果 Meta分析结果显示:①最佳矫正视力(EDTRS):治疗1年后,单纯注药组视力改善效果好于联合治疗组,差异有统计学意义[WMD=-2.84,95%CI(0.25~5.43),P<0.05]。其中单纯注药组比联合治疗组最佳矫正视力提高≥15个视标的发生率更高,差异有统计学意义[WMD=0.66,95%CI(0.45~0.96),P<0.05];而2组最佳矫正视力丢失≥15个视标的发生率比较,差异无统计学意义[WMD=1.37,95%CI(0.78~2.41),P>0.05]。②中央视网膜厚度:治疗1年后,2组视网膜厚度变化比较,差异无统计学意义[WMD=-3.17,95%CI(-25.64~31.97),P>0.05]。③病灶大小:治疗1年后,2组病灶大小变化比较,差异无统计学意义[WMD=0.24,95%CI(-0.38~0.86),P>0.05]。④注药次数:治疗1年后,2组注药次数比较,差异无统计学意义[WMD=-1.00,95%CI(-2.56~0.56),P>0.05]。⑤并发症:视网膜出血:联合治疗组比单纯注药组视网膜出血的发生率更高,差异有统计学意义[RR=2.65,95%CI(1.04~6.71),P<0.05]。结论 单独雷珠单抗相比光动力学疗法联合雷珠单抗治疗湿性AMD改善最佳矫正视力的效果更好,但在视网膜厚度、病灶大小、注药次数方面,两者的差异无统计学意义。联合治疗并发视网膜出血的风险较高。

关键词 : 年龄相关性黄斑变性, 雷珠单抗, 光动力学疗法, 随机对照试验

#### Abstract :

Objective To evaluate the efficacy and safety of ranibizumab combined with photodynamic therapy versus ranibizumab monotherapy for the treatment of wet age-related macular degeneration (AMD). Methods In this meta analysis , searches were conducted in Pubmed , EMBase , Cochrane Library , CNKI , and Wanfang databases. Six randomized control trials (RCT) in the literature were selected for meta-analysis , a total of 626 eyes : a monotherapy group (323 eyes) and a combined treatment group (303 eyes) . The methodological quality was conducted according to evidence-based medicine (EBM) . The qualities of the RTCs were evaluated according to the Cochrane Handbook for Systematic Reviews of Interventions , Version 5.0. The Cochrane Collaboration's software RevMan 5.0 was used for meta-analysis. Results The results of the meta-analysis showed the following : ① Best corrected visual acuity (BCVA) : the monotherapy group showed greater improvement in BCVA compared with the combined treatment group [WMD=-2.84 , 95 % CI ( 0.25-5.43 ) , P<0.05]. The incidence of people who gained ≥15 letters in the monotherapy group was higher than the combined treatment group [WMD=0.66 , 95 % CI ( 0.45-0.96 ) , P<0.05]. However , there was no significant difference between the two groups in the incidence of people who lost ≥15 letters

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[WMD=1.37, 95%CI ( 0.78-2.41 ) , P>0.05]. ②Central retinal thickness ( CRT ) : There was no significant difference between the two groups [WMD= -3.17, 95 % CI ( -25.64-31.97 ) , P>0.05]. ③Lesion size ( LZ ) : There was no significant difference between the two groups [WMD=0.24, 95%CI ( -0.38-0.86 ) , P>0.05]. ④Injection times : There was no significant difference between the two groups [WMD=-1.00, 95 % CI ( -2.56 ~ 0.56 ) , P>0.05]. ⑤Complications : The combined treatment group had a higher probability of retinal hemorrhage than the monotherapy group [RR=2.65, 95%CI ( 1.04-6.71 ) , P<0.05]. Conclusion Meta-analysis shows that ranibizumab monotherapy is effective in achieving a BCVA gain comparable to the combined treatment regimen of ranibizumab with verteporin PDT and in wet age-related macular degenerat

**Key words :** Age-related macular degeneration Ranibizumab Photodynamic therapy Randomized controlled trials

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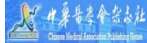
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