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THE ROLE OF BEVACIZUMAB IN UVEITIC GLAUCOMA

Inflammatory glaucoma, also known as uveitic glaucoma is a multifactorial process of inflammation that cause the rising of intraocular pressure accompanied by morphological and physiological modifying similar to open angle glaucoma. Glaucoma and uveitis was described together for the first time in 1813, by Joseph Beer. Later, in 1891, Priestley Smith proposed first modern classification of uveitic glaucoma.^[1] Secondary glaucoma is a serious problem in patients with uveitis associated with systemic diseases, regarding its critical polietiological consequences that lead to poor visual acuity and disability of working age group population. Patients with secondary glaucoma represent 24-40% of glaucomatous pathology.^[2] Conventional treatment with corticosteroids, immunosuppressive and antifungal therapy, which are widely used have many side effects. Last decade, adalimumab was used to treat inflammatory glaucoma. Studies unequivocally demonstrate its effectiveness by acting on the main pathogenetic pathways, especially inactivation of proinflammatory interleukin and tumor necrosis factor.^[3,4,5] Other drugs are also welcome to defeat secondary glaucoma, because studies noted some still unclear adverse effects to adalimumab. In one of our study on 15 patients with non-infectious uveitis and inflammatory glaucoma, refractory to treatment, the action of Bevacizumab injected into the anterior chamber

in one or more doses was analyzed. Bevacizumab demonstrated its efficacy in 75% of cases and stabilized the development of inflammatory process with remission of the disease for at least 6 months.

To conclude, nowadays possibilities of non-infectious uveitis treatment, often associated with secondary glaucoma are limited, that's why new drugs are welcomed and critically needed.

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