

Data collection: Singh, Lehmann, Martel, Jong, Pollack, Tsorbatzoglou, Staurengi, Cervantes-Coste Cervantes, Alpern, Modi, Svoboda, Adewale, Jaffe

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Abbreviations and Acronyms:

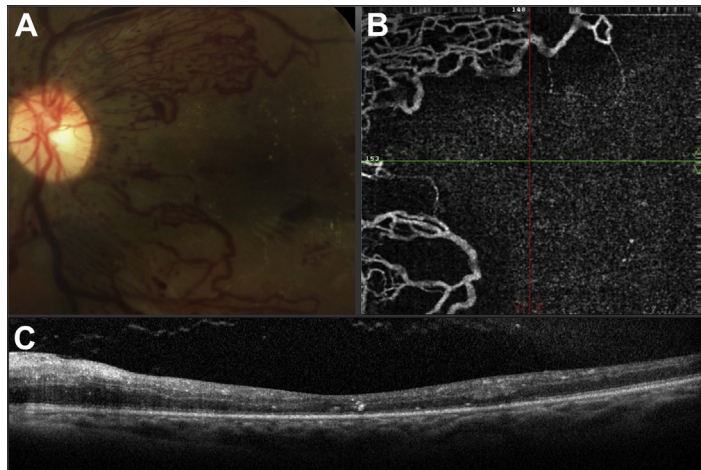
AE = adverse event; **BCVA** = best-corrected visual acuity; **CI** = confidence interval; **CME** = cystoid macular edema; **CSMT** = central subfield macular thickness; **EMA CHMP** = European

Medicines Agency Committee for Medicinal Products for Human Use; **FAS** = full analysis set; **FDA** = Food and Drug Administration; **IOL** = intraocular lens; **IOP** = intraocular pressure; **ME** = macular edema; **NPDR** = nonproliferative diabetic retinopathy; **NSAID** = nonsteroidal anti-inflammatory drug; **OCT** = optical coherence tomography; **PP** = per protocol; **SD** = spectral-domain; **SE** = standard error; **TEAE** = treatment-emergent adverse event; **VA** = visual acuity.

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Pictures & Perspectives



Profound Macular Ischemia on Optical Coherence Tomography Angiography in Severe Diabetic Retinopathy

A 24-year-old woman with type I diabetes mellitus with significant macular ischemia in her left eye with a large net of neovascularization of the disc (Fig 1A). There is profound retinal capillary nonperfusion contrasting with perfusion of the neovascularization of the disc demonstrated on a full thickness 6×6-mm optical coherence tomography–angiography scan (Fig 1B), using Angiovue software (Optovue, Inc. Fremont, CA). On horizontal B-scan raster there is significant attenuation of the ellipsoid zone and outer retinal layers (Fig 1C).

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