

# 유리체강내 트리암시놀론 주입술 직후의 안압변화와 안구마사지 효과

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**목적** : 유리체강내 0.1 ml 트리암시놀론 주입술(Intravitreal Triamcinolone Acetonide injection, IVTA)직후의 안압상승의 자연경과를 관찰하고 이에 대한 술 전 안구마사지 효과를 알아보려고 하였다.

**대상과 방법** : IVTA 적응이 되는 60명 63안을 대상으로, 33안은 안구마사지 없이 IVTA를 시행하고(A군), 30안은 시술 직전 5분간 안구마사지를 하고 IVTA를 시행하여(B군), 주입 직후, 10분, 20분, 30분, 2시간 후의 안압을 각각 측정하였다.

**결과** : 시술 전 안압은 A군이  $15.00 \pm 2.817$  mmHg, B군이  $14.57 \pm 2.269$  mmHg이었다. 안구마사지 직후 평균  $3.833 \pm 1.704$  mmHg의 안압저하가 있었다. IVTA후의 평균 안압은 주입 직후에 A군  $35.42 \pm 18.257$  mmHg, B군  $36.57 \pm 17.184$  mmHg로 급증하였으며, 10분 후에는 A군  $20.42 \pm 8.682$  mmHg, B군  $18.73 \pm 7.254$  mmHg로 낮아지고, 20분, 30분, 2시간 후에는 각각 A군과 B군 모두 정상범위로 낮아졌다. 또한 시술 전후의 평균 안압 상승폭은 주입 직후가 A군  $20.4242 \pm 18.3814$  mmHg, B군  $25.833 \pm 17.3981$  mmHg, 10분 후에는 A군  $5.424 \pm 8.374$  mmHg, B군  $8.000 \pm 7.669$  mmHg, 그리고 20분, 30분, 2시간 후에는 A군이 각각  $3.121 \pm 6.5467$  mmHg,  $2.454 \pm 7.1505$  mmHg,  $1.363 \pm 4.761$  mmHg, B군 각각  $4.5 \pm 4.904$  mmHg,  $3.266 \pm 3.7131$  mmHg,  $2.400 \pm 3.538$  mmHg이었다. A군과 B군의 평균 안압과 평균 안압 상승폭을 시간별로 각각 서로 비교하였을 때 두 군간에 모두 통계적으로 유의한 차가 없었다.

**결론** : IVTA 직후 안압은 급격히 상승하였으며, 이후 빠르게 하강하여 20분 이후에는 정상범위로 낮아졌다. 또한 안구마사지에 상관없이 시간별 안압변화 양상은 비슷하였으며, 시술 전 안구마사지가 시술 직후의 안압 상승 및 경과에 별다른 영향을 미치지 못하였다.

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=ABSTRACT=

## **Immediate Natural Course of IOP after IVTA and The Effect of Preoperative Ocular Massage**

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**Purpose:** We determined immediate natural course of intraocular pressure (IOP) at different time points after intravitreal injection of triamcinolone acetonide (IVTA), and evaluated the effect of preoperative ocular massage to lower the immediate IOP spike after IVTA.

**Methods:** This prospective randomized comparative case-series study comprised sixty three eyes of 60 patients with macular edema. Thirty three eyes of 28 patients underwent IVTA (group A), and thirty eyes of 27 patients underwent IVTA with preoperative ocular massage (group B). Anterior chamber paracentesis was not performed in any of the eyes. The IOPs before and after massage, and the IOPs after IVTA (immediately, 10 minutes, 20 minutes, 30 minutes, and 1 hour, 2 hours after IVTA) were measured, respectively.

**Results:** Mean IOP reached a significant peak immediately after IVTA, and rapidly declined at 10 minutes, and then normalized after 20 minutes. Although Mean IOP was significantly lowered preoperatively by ocular massage, the IOP increment at any time point after IVTA was not significantly different between two groups.

**Conclusions:** The significant IOP spike immediately after IVTA was rapidly normalized over 20 minutes. Preoperative ocular massage was not significantly effective in diminishing the immediate IOP elevation and its persistence after IVTA.

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**Key Words:** Intraocular pressure, Intravitreal injection, Ocular massage, Triamcinolone acetonide

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