SUMMARY

Diabetic macular edema is the most common cause of visual impairment in patient with diabetes mellitus.

Diabetic macular edema is swelling of the retina in diabetes mellitus due to leaking of fluid from blood vessels within the macule. Visual loss from diabetic macular edema can progress over a period of months and make it impossible of focus clearly.

The pathogenesis of DME is complex and a variety of factors and biochemical pathways are involved, which provides an opportunity the development of a number of therapeutic modalities to treat the condition.

Diagnosis of DME is done by fluorescein angiography, optical coherence tomography and retinal thickness analyzer.

Fluorescein angiography is essential for demonstrating ischemic macular edema.

Optical coherence tomography plays an important role in diagnosis and follow-up of DME.

Retinal thickness analyzer is an accurate and very sensitive imaging technique for diagnosis and monitoring a large spectrum of macular disease.

Focal/grid laser photocoagulations is the standard of ocular treatment for diabetic macular edema of all degrees of severity, but evidence for the efficacy of intravitreal injection of triamcinolone and anti- VEGF drugs and vitrectomy surgery is increasing.