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Advances in the understanding of the pathophysiology of diabetic macular oedema (DMO) have led to the widespread use of corticosteroids and agents targeted against vascular endothelial growth factor (VEGF) in the treatment of DMO, and this forms the focus of three articles in this edition of *European Ophthalmic Review*. My colleagues and I present an overview of the use of intravitreal ranibizumab in DMO. Of particular interest is the recent PROTOCOL T clinical study that compares the efficacy and safety of three anti-VEGF agents in DME: ranibizumab, bevacizumab and aflibercept. This study is also discussed in an article by Korobelnik and Wolf, which reviews the use of intravitreal aflibercept in DMO. While anti-VEGF therapy has shown successful outcomes in DME, many consider corticosteroids to be more beneficial in chronic DMO, when VEGF is no longer the primary driver of pathological changes in the eye. An article by Quhill describes real-world experience of the fluocinolone acetonide intravitreal implant in DMO.

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