A 52-year-old woman presented with decreased vision in both eyes. She was diagnosed with type 2 diabetes 3 months before presentation, with a hemoglobin A1c of 13%. At that time, she was given metformin and semaglutide for glucose control. Her visual acuity was 20/50 OD and 20/200 OS. Fundus examination revealed retinal hemorrhages, hard exudates, and microaneurysms bilaterally (Figure, A and B). Fluorescein angiography revealed microaneurysms with noncentral leakage in the posterior pole with absence of significant ischemia and capillary dropout. Optical coherence tomography scans from the same day showed retinal edema with intraretinal fluid accumulation in both eyes (central sub- field thickness: 320 nm OD, 764 nm OS) with foveal detachment in the left eye. She was diagnosed with severe nonproliferative diabetic retinopathy with macular edema in both eyes. She received 2 and 3 injections of bevacizumab in the right and left eyes, respectively, followed by 2 injections of aflibercept in both eyes with minimal effect on the edema. Blood analysis showed the following values: hemoglobin, 10.4 g/dL; red blood cell count, 3.30 × 106/μL; white blood cell count, 10 470/μL; platelets, 197 × 103/μL; fasting blood glucose, 150 mg/dL (to convert to mmol/L, multiply by 0.0555); normal lipid profile; and creatinine, 1.2 mg/dL (to convert to μmol/L, multiply by 88.4). Hemoglobin A1c decreased to 6.8% at 7 months after presentation.

WHAT WOULD YOU DO NEXT?

A. Order serum protein electrophoresis

B. Inject intravitreal dexamethasone

C. Switch to ranibizumab, 0.3 mg

D. Stop semaglutide