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## Oxybuprocaine

### First report of iritis: 2 case reports \*

A 61-year-old man (case 1) and a 64-year-old man (case 2) underwent, respectively, intracapsular cataract extraction with anterior chamber lens implantation and extra capsular cataract extraction of the right eye with posterior chamber lens implantation. On postoperative day 4, both patients showed evidence of corneoscleral wound leaks which showed no response to application of a pressure dressing. The wounds were therefore resutured under local anaesthesia with 0.4% (case 1) or 1.0% (case 2) oxybuprocaine ('Novesin') solution. A steroid-antibiotic ointment was subsequently applied and the eye patched.

Several hours later, both patients developed severe eye pain. Clinical examination revealed ciliary injection, slight corneal swelling with a fibrinous exudate in the anterior chamber and iridodilator adhesions (case 1) and a severely injected eye with oedema of the corneal epithelium and a massive fibrinous exudate in the anterior chamber (case 2). Intraocular pressures were 19 and 21mm Hg for cases 1 and 2, respectively, accompanied by impaired vision.

Following treatment with mydriatics and local corticosteroids 8-10 times daily, the fibrinous exudate resolved within 5 days in case 1 and the vision improved from 0.08 to 0.65. In case 2, therapy was initiated with topical 1% acetylprednisolone applied hourly and maximal mydriasis. Within 1 hour, the fibrinous exudate resolved and vision was restored.

**'We therefore conclude that oxybuprocaine, if inadvertently allowed to enter the anterior chamber, may cause fibrinous iritis and corneal swelling.'**

Haddad R. Fibrinous iritis due to oxybuprocaine. British Journal of Ophthalmology 73: 76-77. 1989