Chloramphenicol/dexamethasone/tetryzoline

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Steroid-induced glaucoma: case report

A 20-year-old man developed steroid-induced glaucoma while receiving chloramphenicol/dexamethasone/tetryzoline [Spersadexoline]; he had continued to use the drug after discontinuation had been advised.

The man, who had previously developed high intraocular pressure while receiving corticosteroids, had a history of vernal keratoconjunctivitis. He had been prescribed chloramphenicol/dexamethasone/tetryzoline eye drops for his severe ocular itching [dosage not stated]. In May 2006, he presented with raised intraocular pressure [duration of therapy to onset of reaction not stated].

Chloramphenicol/dexamethasone/tetryzoline discontinued, and the man started a new regimen which included loteprednol etabonate and ocular hypotensive drugs. In August 2006, his intraocular pressure was found to have spiked to 48mm Hg in his right eye and 53mm Hg in his left eye; ketorolac, brimonidine and acetazolamide were added to his regimen. His intraocular pressure fluctuated over the next 6 months. He later reported that he had continued to use Spersadexoline of his own accord; he discontinued usage before ophthalmic review. Within 5 months his cup-to-disc ratio had increased to 0.7 bilaterally, and he had experienced extensive bilateral field loss. He underwent sequential trabulectomy, but his condition worsened, with severely constricted visual fields. He was registered as legally blind and psychiatric review was recommended for his severe depression. A follow-up in June 2011 found that he had severe tunnel vision.

Author comment: "We report a case of severe steroid-induced glaucoma secondary to injudicious topical corticosteroid use for the treatment of vernal keratoconjunctivitis with resultant severe visual loss."

Ho H, et al. Ocular 'roid rage. Proceedings of Singapore Healthcare 21: 57-61, No. 1, 2012 - Singapore