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Case Report

Topiramate induced bilateral anterior uveitis with choroidal detachment and angle closure glaucoma



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Introduction

Topiramate is a sulfamate-substituted monosaccharide. The main indications for topiramate are monotherapy in epilepsy, as an adjunctive therapy in epilepsy and in migraine patients. The adverse effects of topiramate related to ocular system are mainly sudden onset Myopia with angle closure glaucoma.¹ The anterior chamber becomes shallow as a result of anterior shift of lens iris diaphragm due to anterior rotation of ciliary body, giving rise to increased intraocular pressure with or without pain. It can also be associated with supraciliary effusion. The treatment consists of reducing intraocular pressure and discontinuation of topiramate. We present two

cases of topiramate induced ocular adverse effects, one with bilateral anterior uveitis and choroidal detachment and another with angle closure glaucoma (Fig. 1).

Case report

Case-1

38-yrs-old female, a known case of panic disorder with somatoform disorder was referred from psychiatry OPD with history of painful gross diminution of vision and headache. On reaching eye OPD she gave history of gross diminution of vision of 02 days duration associated with redness, pain and watering both eyes, also gave history of headache for 02 days. There was no history of joint pain, fever or similar episode in past. There was history of taking Tab Topiramate 25 mg bid started 15 days back (Fig. 2).

Ocular examination

Day-1

DVR – 6/60 improving to 6/18.

DVL – 6/60 improving to 6/12.

Both eyes

Anterior segment. Cicumciliary congestion was present, Cornea was hazy, descemet folds were present, anterior

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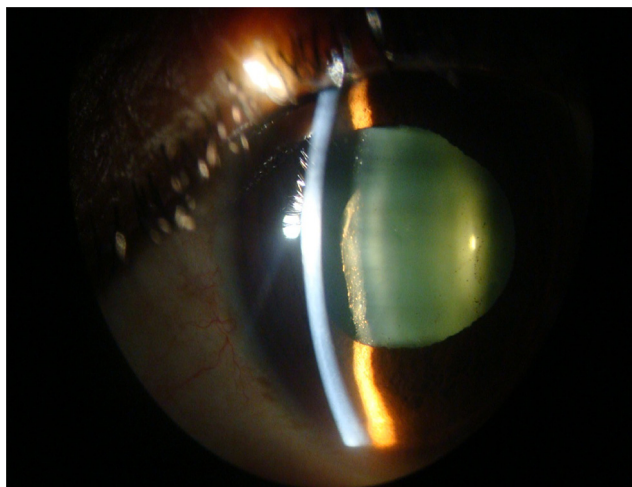


Fig. 1 – Shallow Anterior chamber with membrane.

chamber was shallow with 4+ cells and membrane in pupillary margin, lens detail was not appreciated.

Posterior segment. No details were seen.

IOP

Right eye – 18 mmHg.

Left eye – 19 mmHg.

Day-2

DVR – 6/36 improving to 6/18.

DVL – 6/36 improving to 6/12.

Both eyes

Anterior segment. Cicumciliary congestion decreased, Cornea was clearing, descemets folds were present, anterior chamber was shallow with 4+ cells and membrane in pupillary margin with posterior synechia, lens detail was not appreciated.

Posterior segment. Optic disc was hyperemic (right more than left), exudates were present with macular edema and striate.

IOP

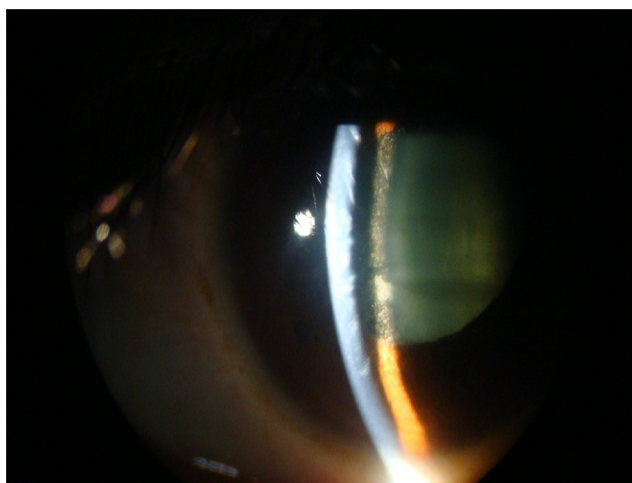


Fig. 2 – Cells/flare in AC.

Right eye – 12 mmHg.

Left eye – 11 mmHg.

Investigations

Hemogram – WNL.

CT-Scan Head – Normal.

USG B-Scan – Choroidal detachment both eyes (Fig. 3).

Treatment

Day-1. Treated with topical steroids 2 hrly, topical cycloplegics 8 hrly, Nepafenac eye drops 8 hrly; Dorzox 2% eye drops 8 hrly.

Advised to stop Tab Topiramate after consultation with psychiatrist.

Day-3 and onwards. Started on systemic steroids (with tapering doses 10 mg/wk).

Topical steroids continued on tapering doses for 02 months.

Topical cycloplegics continued for 04 weeks (frequency decreased gradually).

Nepafenac eye drops continued for 02 months. Dorzox 2% eye drops were stopped.

Follow-up at 12 weeks

DVR – 6/9 unaided.

DVL – 6/6(-3) unaided.



Fig. 3 – USG B-scan showing choroidal detachment.

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