Accepted Manuscript

Drug-Induced Corneal Epithelial changes

Michael B. Raizman, MD, Pedram Hamrah, MD, Edward J. Holland, MD, Terry Kim, MD, Francis S. Mah, MD, Christopher J. Rapuano, MD, Roger G. Ulrich, PhD

PII: S0039-6257(16)30105-9

DOI: 10.1016/j.survophthal.2016.11.008

Reference: SOP 6680

To appear in: Survey of Ophthalmology

Received Date: 16 June 2016

Revised Date: 15 November 2016 Accepted Date: 18 November 2016

Please cite this article as: Raizman MB, Hamrah P, Holland EJ, Kim T, Mah FS, Rapuano CJ, Ulrich RG, Drug-Induced Corneal Epithelial changes, *Survey of Ophthalmology* (2016), doi: 10.1016/j.survophthal.2016.11.008.

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.



ACCEPTED MANUSCRIPT

DRUG-INDUCED CORNEAL EPITHELIAL CHANGES

Michael B. Raizman, MD^a*, Pedram Hamrah, MD^a, Edward J. Holland, MD^b, Terry Kim, MD^c, Francis S. Mah, MD^d, Christopher J. Rapuano, MD^e, Roger G. Ulrich, PhD^f

E-mail address: mraizman@tuftsmedicalcenter.org (M. B. Raizman)

ABSTRACT

Drugs across many pharmacologic classes induce corneal epithelial changes. Many of these drugs have cationic amphiphilic structures, with a hydrophobic ring and hydrophilic cationic amine side chain that allow them to cross cell membranes. These drugs lead to intracellular phospholipid accumulation, often manifested in the cornea by vortex keratopathy, with no effect on visual acuity and few ocular symptoms. Other drugs, notably antineoplastic agents, produce a fine diffuse corneal haze, sometimes accompanied by decreased vision that can be dose limiting. Still other medications cause crystalline epithelial precipitation that might require debridement for resolution. An understanding of the variety of drugs involved, the multiple mechanisms responsible, and the systemic diseases that produce similar changes can lead to improved management strategies for patients with corneal epithelial deposits. In most cases drug therapy need not be modified or discontinued, but if visual acuity is affected, close collaboration with the prescribing physician can result in determining an optimized dose that treats systemic disease and minimizes these deposits. Additionally, close monitoring might be required if the drug is also associated with other ocular findings, such as optic neuropathy or retinopathy.

^aDepartment of Ophthalmology, Tufts University School of Medicine, Boston, MA

^bDepartment of Ophthalmology, Cincinnati Eye Institute, University of Cincinnati, Cincinnati, OH

^cDepartment of Ophthalmology, Duke University School of Medicine, Durham, NC

^dCornea and External Diseases, Scripps Clinic, La Jolla, CA

^eCornea Service, Wills Eye Hospital, Philadelphia, PA

^fFoothills Pharmaceutical Development LLC, Sammamish, WA

^{*} Corresponding author: Michael B. Raizman, MD, Associate Professor, Department of Ophthalmology, Tufts University School of Medicine, 800 Washington St, #450, Boston, MA 02111.

Download English Version:

https://daneshyari.com/en/article/5705783

Download Persian Version:

https://daneshyari.com/article/5705783

<u>Daneshyari.com</u>