Dexamethasone

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Retinal detachment, ocular hypertension and cataract: 7 case reports

In a retrospective study, 7 patients (2 women and 5 men) aged 30–75 years were described, who developed ocular hypertension during treatment with dexamethasone [*dosages not stated*]; four of these 7 patients developed cataract and 1 of these 7 patients developed retinal detachment.

A 75-year-old man, who had a history of pan uveitis and macular oedema, received an intravitreal dexamethasone implant injection. Subsequently, he developed ocular hypertension. He also developed retinal detachment. He received 2 injections at that time. No treatment was given for drug induced ocular hypertension. He underwent pars plana vitrectomy, lensectomy and 360° photocoagulation for retinal detachment [duration of treatment to reactions onsets and outcomes not stated].

A 42-year-old man, who had a history of intermediate uveitis and macular oedema, received an intravitreal dexamethasone implant injection. Six months after the injection, a mild sub capsular cataract was observed. He underwent a cataract surgery. He also developed ocular hypertension. At follow-up, intraocular pressure was normal without any treatment [*not all duration of treatment to reactions onsets and outcomes stated*].

A 65-year-old man, who had a history of pan uveitis and macular oedema, received an intravitreal dexamethasone implant injection. He received 2 injections at that time. Subsequently, he developed ocular hypertension and no treatment was given [duration of treatment to reaction onset and outcome not stated].

A 30-year-old woman, who had a history of posterior uveitis and macular oedema, received an intravitreal dexamethasone implant injection. Subsequently, she developed ocular hypertension. She did not receive treatment for ocular hypertension. Seven months after the 1st injection, a nuclear and sub capsular cataract developed progressively. Two months after the 3rd injection, the cataract was visually significant. The cataract surgery was performed. At follow-up, no increase in intraocular pressure was observed [not all duration of treatment to reactions onsets and outcomes stated].

A 69-year-old man, who had a history of anterior uveitis and macular oedema, received an intravitreal dexamethasone implant injection. He received 2 injections at that time. Subsequently, he developed ocular hypertension. A mild progression of cataract was also observed after dexamethasone injection. He received treatment for ocular hypertension [duration of treatment to reactions onsets and outcomes not stated].

A 56-year-old man, who had a history of pan uveitis and macular oedema, received an intravitreal dexamethasone implant injection. He received 2 injections at that time. He experienced ocular hypertension for which no treatment was given. A mild progression of the cataract was also observed [duration of treatment to reactions onsets and outcomes not stated].

A 64-year-old woman, who had a history of anterior uveitis and macular oedema, received an intravitreal dexamethasone implant injection. Subsequently, she developed ocular hypertension and no treatment was given for the same [duration of treatment to reaction onset and outcome not stated].

Author comment: "Regarding corticosteroid-related ocular hypertension, we cannot make direct comparisons with previous research on [intravitreal dexamethasone implants] for uveitis, it is notable that the good safety observed in previously published studies has been replicated in our series". "Larger studies are needed to assess whether patients with infectious uveitis treated with an [intravitreal dexamethasone implants] are more likely to develop clinically significant cataracts." Fonollosa A, et al. Safety and efficacy of intravitreal dexamethasone implants in the management of macular edema secondary to infectious uveitis. Retina 36: 1778-1785, No. 9, Sep 2016. Available from: URL: http://doi.org/10.1097/IAE.000000000001001 - Spain 803203633