

Drug-induced ocular manifestations

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ABSTRACT

Objective: To report a case and to increase awareness of chlorpromazine-induced ocular toxicities. **Method:** A case report. **Results:** A 52-year-old gentleman with diabetes mellitus and schizophrenia, diagnosed 30 years ago, was on long-term chlorpromazine, 400mg at night. He responded well to treatment, with no psychiatric relapse for the past 20 years. He presented to Ophthalmology clinic with a complaint of bilateral gradual blurring of vision, associated with glare for 3 years. On examination, UCVA in the right eye was 6/12, which improved with refraction to 6/6; and 6/6 on the left. Both eyes were dry evident by presence of punctate epithelial erosions. There were diffuse yellowish-brown endothelial and stromal deposits on the cornea and stellate cataract bilaterally. No conjunctival hyperpigmentation was seen. Anterior chambers were quiet and intraocular pressures were normal. Fundus examination showed bilateral moderate non proliferative diabetic retinopathy with dry maculopathy however, no pigmentary retinopathy. Artificial tears were prescribed and the case was discussed with his psychiatrist. Chlorpromazine was changed to olanzapine. Upon review at 6 months, vision improved to 6/6 bilaterally and symptoms of glare have reduced. Punctate epithelial erosions resolved, but corneal and lenticular deposits persist. **Conclusion:** Long-term usage of chlorpromazine causes irreversible corneal and lenticular deposits which can cause significant visual disturbances. Periodic ophthalmic assessment is important for early detection and to avoid surgical intervention. This highlights the importance of comprehensive drug history and recognizing the ocular side effects of medications.

KEY WORDS:

Chlorpromazine, stellate cataract

Elective cataract surgery cancellation at a general operative theatre at Hospital Tengku Ampuan Afzan - A retrospective evaluation of the year 2017

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ABSTRACT

Objective: We aim to discuss on elective cataract surgery cancellation at general operative theatre HTAA in the year 2017. **Method:** a Case report. All cancelled elective cataract cases scheduled at GOT in the year 2017 were identified by retrospective chart review. **Results:** A total of 771 patients were scheduled for elective cataract surgery at the general operating theatre in 2017. These include cases under local anaesthesia (605) and general anaesthesia (166). A total of 61 of patients scheduled for cataract surgery were cancelled. Out of 61 patients who were cancelled, 43 were scheduled for local anaesthesia and 18 were for general anaesthesia. The most common cause for cancellation is due to patient's refusal for op which amounts to 12 patients (19.6%). The second most common cause is high blood pressure (9 cases). This is more common in patients scheduled for surgery under local anaesthesia. Upper respiratory tract infection is the 3rd highest cause of elective cataract surgery cancellation with a total number of 9 cases. Other causes include hospital factor (instrument failure, operation theatre time limitation and no ICU bed), medical problem, high DXT reading. Some patients were cancelled due to skin infections and eye infections. **Conclusion:** Though our rate of cataract surgery cancellation is within performance indicator limit set by the Ministry of Health Malaysia, steps could be taken to further limit the rate. Understanding the aetiology of case cancellation and ensuring efficiency in the preoperative clinic can be the major factor in minimising this.