Potassiumiodide and Vitreous Opacities

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Many eye-surgeons very often prescribe potassium iodide in cases in which they do not expect much benefit from its administration, but hoping that it may be useful, knowing at the same time that it is nearly always harmless. I myself am one of them and I often fall back on this drug because I do not know any-

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thing better and follow the German slogan: "Wenn man nicht weiss wie, was oder warum, so gibt man nur Jodkalium." I must say, however, that in many cases of affections of the central part of the retina (with or without definite angiosclerosis of the retina) the improvement of the visual acuity is more than might be expected from a purely suggestive treatment. Hence my belief in the efficiency of KI in these cases has always been a strong one, although it is difficult to prove this efficiency objectively.

One of the many eye-diseases against which KI is advocated is: opacities of the vitreous. I think it is not necessary to go into all that is written on this subject. I will cite only two authors, their opinion is a fair sample of the general opinion of this subject.

Jess¹ in his chapter on vitreous opacities speaks only about the treatment of inflammatory opacities and mentions, besides many treatments for external application only potassium iodide for internal use.

Gifford² writes: "The use of potassium iodide to aid in the absorption of vitreous opacities following choroiditis rests upon time-honored custom. While there is little evidence that it does this, it should probably be tried after the signs of active inflammation have subsided."*

While I was interned by the Japs, I saw a case which gave in my opinion a very clear proof of the usefulness of KI in vitreous opacities.

Late in 1944, I operated a case of cataract in a myopic patient of about 55 years. I performed an extracapsular operation and had to needle the secondary cataract after some weeks. The conditions under which we worked and my instruments were hardly sufficient and I had no slit-lamp and no cornea-microscope at my disposal, but even so I could see when the patient had recovered, that a tiny strand of vitreous passed through the pupil to the lateral spot of the cornea where the discission-needle had passed. The visual acuity however was: $\frac{1}{2}$ (with about S -i- 5 o C + 3). The patient was quite content and I did not see him any more for several months. In May 1945, however, he came back to me complaining of blurred vision. The visual acuity had dropped to $\frac{1}{8}$, but as I did not see anything wrong and the patient was rather a troublesome man, always complaining of something or other, I did not pay much attention to what he said.

However, he came back again and again and his visual acuity went down to Y\ and at last to $\frac{1}{4}$.

At the same time, there were greyish opacities in the vitreous strand in the anterior chamber; these became more marked as the visual trouble increased.

Our therapeutic possibilities were very limited and the best thing I could think of was KI; I gave him 0.5 gr. daily. After a week, he came in a most

1 Jess, A., Kurz. Hdb. d. Ophth. Bd. V.

2 Gifford, S. R., Ocular therapeutics, Philadelphia 1942.

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happy state of mind because of the improvement of his eye and indeed the visual acuity had risen to $\frac{1}{8}$ and after a week more he was back at $\frac{1}{8}$ again, at the same time the opacities in the vitreous strand had nearly all disappeared. The eye remained in that condition for two months. After that the interneer got some kind of freedom and I did not see the patient any more.

In this case, there was no history of syphilis nor any objective signs of it. The only test that was possible in our little hospital was the MKR (Mey/We-Klärungs-Reaktion), and that was negative. During the development of the opacities, the eye was completely white, there was no K.p., the tension was normal. When the trouble started, there were no inflammatory changes whatever near the place of attachment of the vitreous strand in the angle of the anterior chamber. Still I suppose that there must have been a slight inflammation; possibly the fact that the eye was myopic had something to do with changes in the vitreous too.

I thought this case where opacities in the vitreous have been seen to disappear so promptly on the administration of potassium iodide was worth being brought to the attention of the eye-surgeons.

Summary.

In a case of opacities in a vitreous strand in the anterior chamber, these were clearly seen to disappear on the administration of small doses of KI.

Zusammenfassung.

Bei Verabreichung von kleinen Dosen Jodkali wurde deutlich das Verschwinden von Trübungen in einem Glaskörperstrang in der Vorderkammer beobachtet.

Resume.