Retinopathy due to Indomethacin

H.E.		Henkes
G.H.M.		van Lith

Rotterdam

Authors' address: Prof. Dr. H. E. Henkes and Dr. G. H. M. van Lith, Oogziekenhuis, Schiedamsevest 180, Rotterdam (The Netherlands)

The case of a patient with retinal lesions caused by using indomethacin is reported, in whom the retinal functions were followed up by examinations of the visual acuity, the visual field, the dark adaptation, colour vision, ERG and EOG over 18 months' treatment.

A.1\ adverse effect of indomethacin treatment could definitely be demonstrated; this adverse effect proved to have partially regressed a few months after discontinuing administration of the drug.

This is the first well-documented case of this phenomenon to be published outside the USA: it poses the question as to whether an epidemiological and ophthalmological study of the iatrogenic effects of indomethacin is necessary.

This paper is published in extenso in the American Journal of Ophthalmology (March 1973).

Discussion

Boen-Tan: Has fluorescence angiography been done for this patient (since this, as a rule, will reveal pigment shifts) ? It is possible that deterioration of the visual acuity after discontinuing the treatment may have been due to myopic degeneration (in this myopic patient)?

Henkes: Fluorescence angiography has been done on this patient though the initial examination of the macular region had already revealed distinct

386

Henkes and van Lith

pigment shifts, which might very well have been due to the myopia and the pattern of this pigment degeneration has not undergone any important changes during the period of observation. However, the regression of the visual acuity cannot with certainty be attributed entirely to the iatrogenic effect of the indomethacin. A progressive myopic degeneration may well have played a part, although this does not seem very likely in view of the fact that the fundus picture has not changed much over the years.

Nienhuis: On the analogy of the control of rheumatic patients treated with antimalarial drugs, is ophthalmological control also desirable in patients to be treated with Indocid, before and during the treatment?

Henkes: Ophthalmological examination and control of patients treated with indomethacin would definitely appear most desirable, and should preferably be embarked upon before treatment is started. In practice this is extremely difficult to achieve – on the analogy of the control of rheumatic patients treated with synthetic antimalarial agents – in other words, to be able to make such an examination prior to the beginning of treatment and to repeat this periodically (e.g. every 6 months).

Kiwiet de Jonge: Is there any chemical relationship between chloroquine and indomethacin?

Henkes: There is no known relationship between these substances.