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Drug-induced corneal oedema: amantadine-associated toxicity

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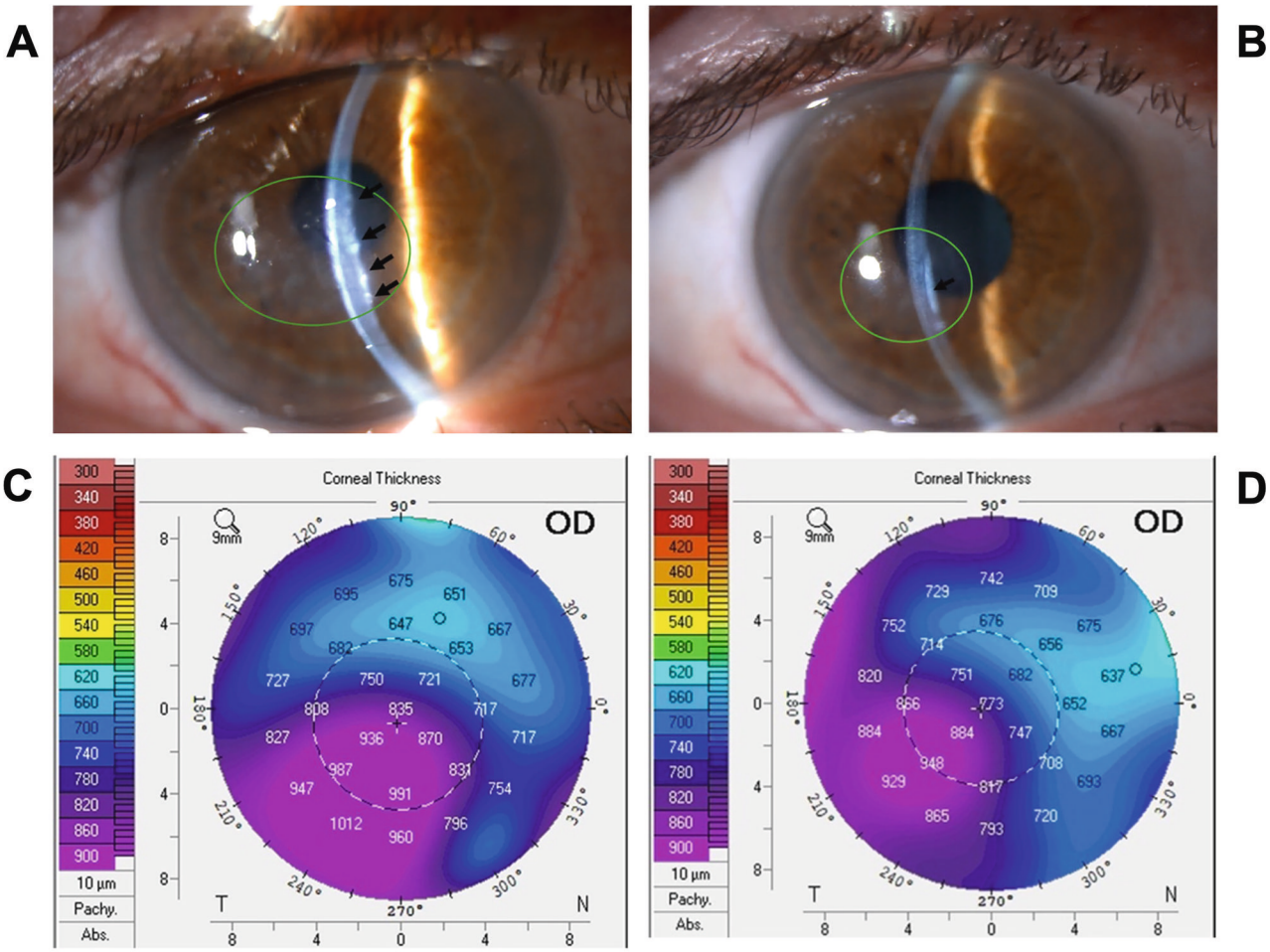

Fig. 1 Anterior segment imaging of the right eye (OD) in a 56-year-old man with Parkinson disease on long-term amantadine presenting with subacute blurred vision (best-corrected visual acuity 20/60 OD, 20/40 left eye [OS]). Slit-lamp examination showed diffuse, predominantly central corneal edema with Descemet membrane folds (DMFs), without epithelial defect or infiltrate; posterior segment examination was unremarkable, raising concern for amantadine-related corneal toxicity [1–4]. **A** Slit lamp photograph 1 week after discontinuing amantadine, demonstrating predominantly central discoid corneal edema (green circle) with DMFs (arrows). **B** Slit-lamp photograph at 3-week follow-up after a 1-week amantadine holiday and restart at a reduced dose, due to worsening Parkinson symptoms, showing interval improvement in edema and DMFs with further visual recovery (20/30 OD, 20/25 OS). **C** and **D** Pachymetry maps obtained on the same days as (**A**) and (**B**), respectively, demonstrating elevated corneal thickness at the earlier time point with subsequent reduction consistent with improving edema.

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AUTHOR CONTRIBUTIONS

KH, SB, and SM contributed equally to all aspects of this case report, including: (1) substantial contributions to the conception and design of the report, (2) drafting the manuscript and critically revising it; and (3) final approval of the version to be published.

COMPETING INTERESTS

SM reports consultancy fees (Invex Therapeutics); advisory board fees (Ocular Therapeutix, Dompé Farmaceutici); speaker fees (Teva); Travel (AbbVie, EssilorLuxottica and European Alliance of Associations for Rheumatology); Receipt of equipment (Heidelberg Engineering). SM is a member of the *Eye* editorial board. The other authors declare no potential conflicts of interest.

INFORMED CONSENT

Informed written consent was obtained from the patient for the publication of this case and images.

ADDITIONAL INFORMATION

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