

Presumed tenofovir-induced ocular toxicity

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ABSTRACT

Objective: To report an unusual case of retinal toxicity presumed to be caused by Tenofovir, a nucleoside analogue. **Method:** A 45-year-old gentleman, with underlying hypertension and chronic Hepatitis B with liver cirrhosis since 2006, presented to us with right eye central blurring of vision for three weeks. There was no other significant history other than the fact that he has been taking Tenofovir which was started by his hepatologist for Hepatitis B. On examination, his best corrected visual acuity was 6/9 and 6/6 in the right eye and left eye respectively. Anterior segment examination was normal bilaterally. Fundus examination of the right eye revealed subretinal oedema. Posterior segment of the left eye was normal. He was diagnosed with right central serous chorioretinopathy. He had four recurrences within the last six years, between 2012 and 2018. On his latest review in May 2018, his right fundus revealed subretinal oedema with pigmentation in the macula. Left fundus also revealed pigmentation in the macular area with no oedema. **Results:** Optical coherence tomography (OCT) of the right eye demonstrated subretinal fluid with pigment epithelium detachment and outer retinal atrophy while OCT of the left eye demonstrated outer retinal atrophy not involving the fovea. **Conclusion:** Ophthalmologists should be aware of the potential risk of retinal toxicity in patients on Tenofovir.

KEY WORDS:

Tenofovir, macular oedema, retinal atrophy

Primary vitreoretinal lymphoma (PVRL): A case report

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ABSTRACT

Objective: To report a rare case of Primary Vitreoretinal Lymphoma **Method:** Case Report **Results:** A 76-year-old lady presented with left eye blurring of vision for 5 months. Her visual acuity was counting finger over the left eye and 6/12 over the right eye. Left eye anterior chamber showed presence of cells. There was no fundus view over the left eye due to dense vitritis and the presence of asteroid hyalosis. She was initially treated for panuveitis and chronic endophthalmitis in view of a left cataract surgery performed 18 months earlier. However, there was no improvement. Left eye vitreous cytology was done later and showed presence of atypical lymphoid cells. Subsequently, a course of intravitreal methotrexate was commenced. Magnetic resonance imaging (MRI) of the brain and orbit shows no central nervous involvement. Left eye vision improved to 6/24 after 10 doses of intravitreal methotrexate. **Conclusion:** PVRL remains not only a challenging masquerade due to a wide variety of clinical presentation but also, a potentially fatal intraocular tumour if diagnosis is delayed. Therefore, a high index of suspicion of PVRL is mandatory in elderly patients presenting with panuveitis.