

OPHTHALMIC HOSPITALIST INTEREST GROUP NEWSLETTER

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Announcements

AAO/OHIG Online Community

What are OHIG members saying about orbital fracture triage, ophtho hospital admissions, and ER ultrasound use? Join the conversation on the AAO [OHIG Community](#)!

OHIG Think Tank Meeting Now Virtual

Due to COVID related uncertainties, we have opted to a make this a virtual meeting. New date TBA shortly!

Engage with fellow OHIG members on issues relevant for hospital based care. Guest speakers to include **Mark Breazzano** and **John Bond** on the topic of fungemia and newly published AAO Guidelines.

Welcome New Members!

Excited to have you join OHIG! Please verify your information on the [OHIG website](#). Thank you!

DRUG-INDUCED OCULAR SIDE EFFECTS



Articles

[MEK Inhibitors: A New Class of Chemotherapeutic Agents with Ocular Toxicity, Eye, June 2015](#)

MEK inhibitors are used to treat various cancers and have been associated with serous retinal detachments and retinal vein occlusions. A screening eye exam is often required for patients. Familiarize yourself with its drug related ocular findings which can be relevant for hospital consults.

[Ocular Adverse Side Effects Associated with Systemic Medications, Adis Data Information, 2007](#)

A review of common ocular adverse effects related to systemic therapies.

[National Registry of Drug Induced Ocular Side Effects](#)

Founded in 1976, this national drug registry provides a database for drug induced ocular side effects which may be used for reporting or as a clinical reference.



PEARLS

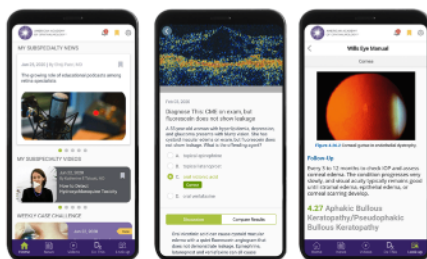
Portable Visual Field Test



Is neurosurgery paging about a formal visual field prior to surgery? Check out this cool portable option which can be used at bedside for inpatients.

Thank you OHIG member **Amanda Redfern** for sharing this!

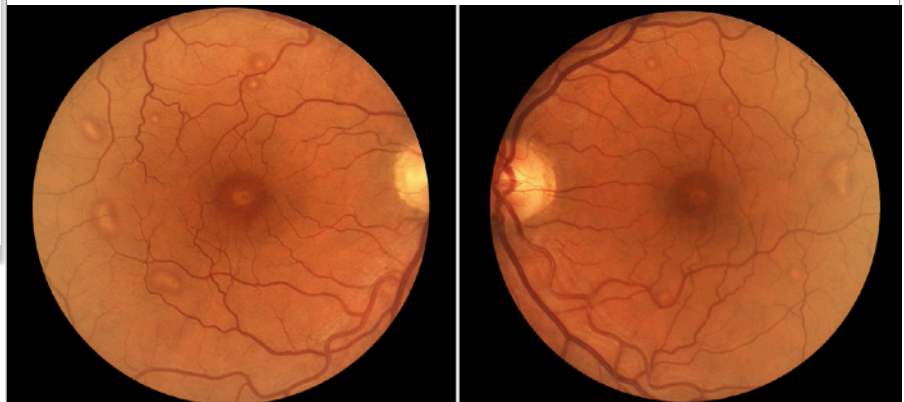
AAO Ophthalmic Education App



Check out this new free app from the AAO which includes newsfeeds, videos, Wills Eye Manual, EyeWiki articles and more!

[Click here](#)

CONSULT ROUNDS



You are paged by the oncology service regarding a 39 year old male with a history of metastatic rectal adenocarcinoma. He is a study participant for a new MEK inhibitor medication.

The patient requires screening eye exams while on this medication. He had a baseline eye exam last month which showed no ocular abnormalities.

The patient is currently admitted to the hospital and has been on MEK inhibitor treatment for the last 10 days. He has no visual complaints. Per drug protocol, ophthalmology is consulted for a follow up screening eye exam.

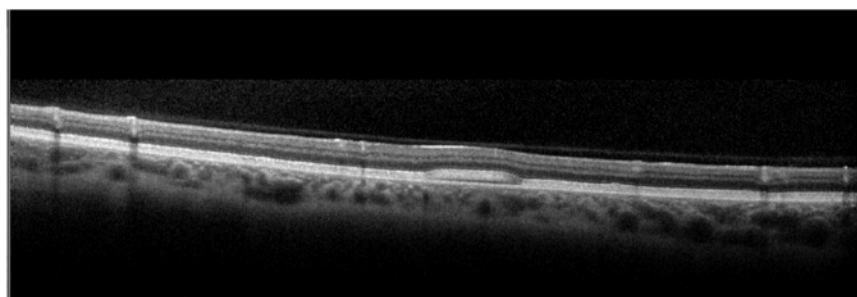
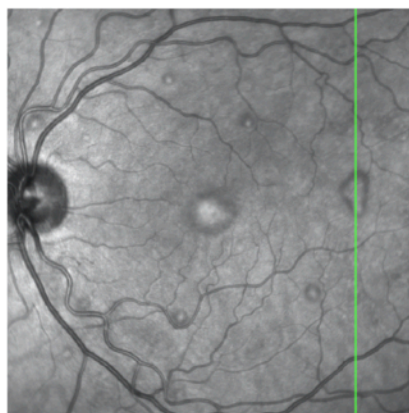
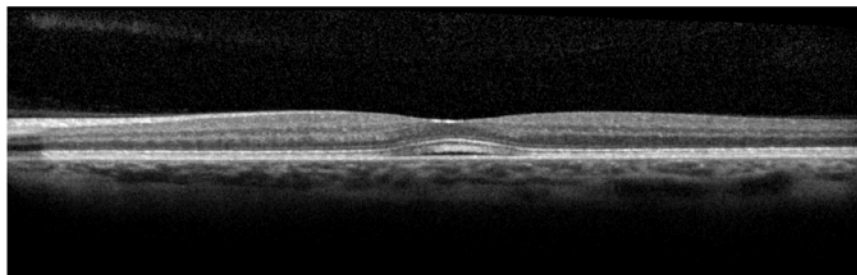
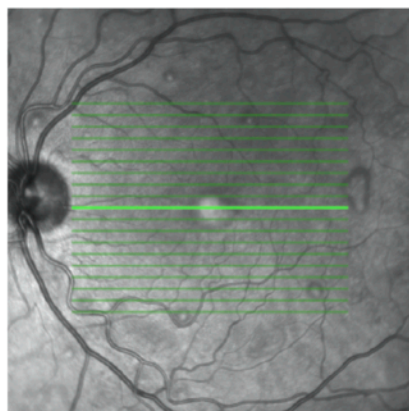
On exam, the patient is 20/20 OU, normal pupils without APD, normal IOP, full fields, and unremarkable anterior segment OU.

Funduscopy exam is notable for bilateral small elevated orange pockets of SRF throughout the posterior pole including the subfoveal regions. There is no overlying vitritis or peripheral abnormalities.

OCT imaging confirm low lying retinal pigment epithelial detachments.

As the patient remains visually asymptomatic, he is continued on MEK inhibitor therapy with a follow up eye exam in 1 month. At his follow up exam he continues to have no visual symptoms with stable 20/20 visual acuity OU. His retinal pigment epithelial detachments spontaneously resolved.

The patient is continued on MEK inhibitor therapy for several months. Throughout his treatment course he developed intermittent retinal lesions but remained visually asymptomatic. The patient unfortunately passed away 1 year after starting this treatment due to complications related to his cancer.



Case Comments:

Many academic centers are involved with important drug trials involving new systemic treatments. It is not uncommon for ophthalmology to be consulted for eye surveillance while on these therapies.

MEK inhibitors are now more commonly used in oncology and it is helpful for ophthalmologists to be aware of their medication related ocular findings including serous retinal detachments, retinal vein occlusions, and CME. Interestingly, many of these patients do not develop visual symptoms. Clinical findings can be self-limited and may not necessarily require discontinuation of treatment.

What other interesting medication related ocular toxicity cases have you managed in the hospital? Share your experience in the AAO/OHIG Community!