

Amiodarone - CORNEA VERTICILLATA

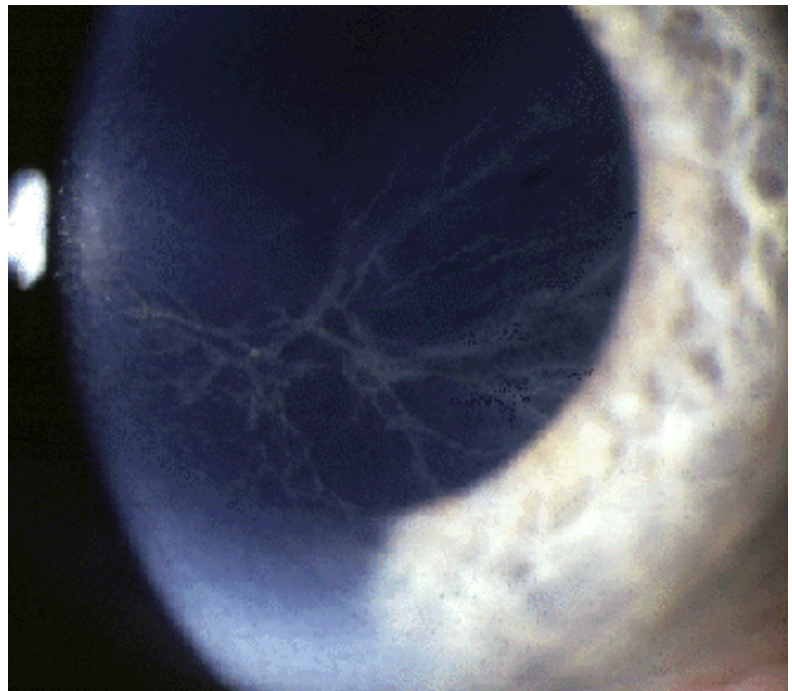
Yellow brown Corneal deposits are universal in people taking Amiodarone developing around 3 months after taking. These appear in the surface of the eye. Thus they are very common for your optometrist or eye doctor to see. However you cannot see these your self.

By and large they cause no problems and are just an incidental finding. Though very rarely they do they cause Haloes round lights when there is marked deposits.

On stopping Amiodarone the deposits can lessen over time.

Those taking moderate doses of 600-800mg can develop a distinctive anterior polar type cataract as well though this is rare. Also rarely an optic neuropathy reducing vision can arise.

Clearly if you develop visual symptoms you should see your doctor or Optometrist.



Below is our other print out from the drugs database.

Amiodarone Hydrochloride

Legal Category: PoM

Drug type: Cardiovascular

Classification: Anti-arrhythmics

Tradenames

Amiodarone.: (Non-Proprietary)

Cordarone X: (Sanofi Winthrop)

Indications/ Use:

Treatment of cardiac arrhythmias, paroxysmal supraventricular, nodal and ventricular tachycardias, atrial fibrillation and flutter, and ventricular fibrillation.

Ocular side-effects

Corneal deposits

Conjunctival deposits

Lens deposits

Reduced acuity

Coloured haloes around lights

Keratoconjunctivitis Sicca

Lid discolouration

Lid urticaria

Stevens-Johnson syndrome

Conjunctival discolouration

Optic neuritis

Photophobia

Decreased sensitivity (cornea)

Colour vision defect

Nystagmus

Papilloedema

Ocular Side Effects - Notes

Corneal deposititis is the most common ocular side effect of amiodarone. Almost all patients show bilateral corneal changes after 3 months (reversible upon discontinuation of the drug). .Moderate to severe keratopathy can cause blurred vision and glare problems. Anterior sub-capsular lens opacities have been reported in patients taking moderate to high doses (600-800mg daily).

General side-effects