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 yourself.

By and large they cause no problems and are just an incidental finding. Though very rarely they do 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 deposits 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