



Drug Induced Macular Toxicity: Classical Signs

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Case Presentation

Female patient, 45 years old, presented to the clinic with low vision in both eyes for a few months. Diagnostic of rheumatoid arthritis, using chloroquine for the last 15 years. During the exam, showed visual acuity of 20/200 in both eyes, pseudophakic, intraocular pressure of 14 mmhg in both eyes. Indirect binocular ophthalmoscope showed a macular

pigmentary atrophy in the shape of "bull's eye" (Figure 1). Submitted to a fluorescein angiography that demonstrates a circular macular hyper fluorescence (Figure 2). During the macular optical coherence tomography was able to determine an important central atrophy in both eyes (Figure 3).

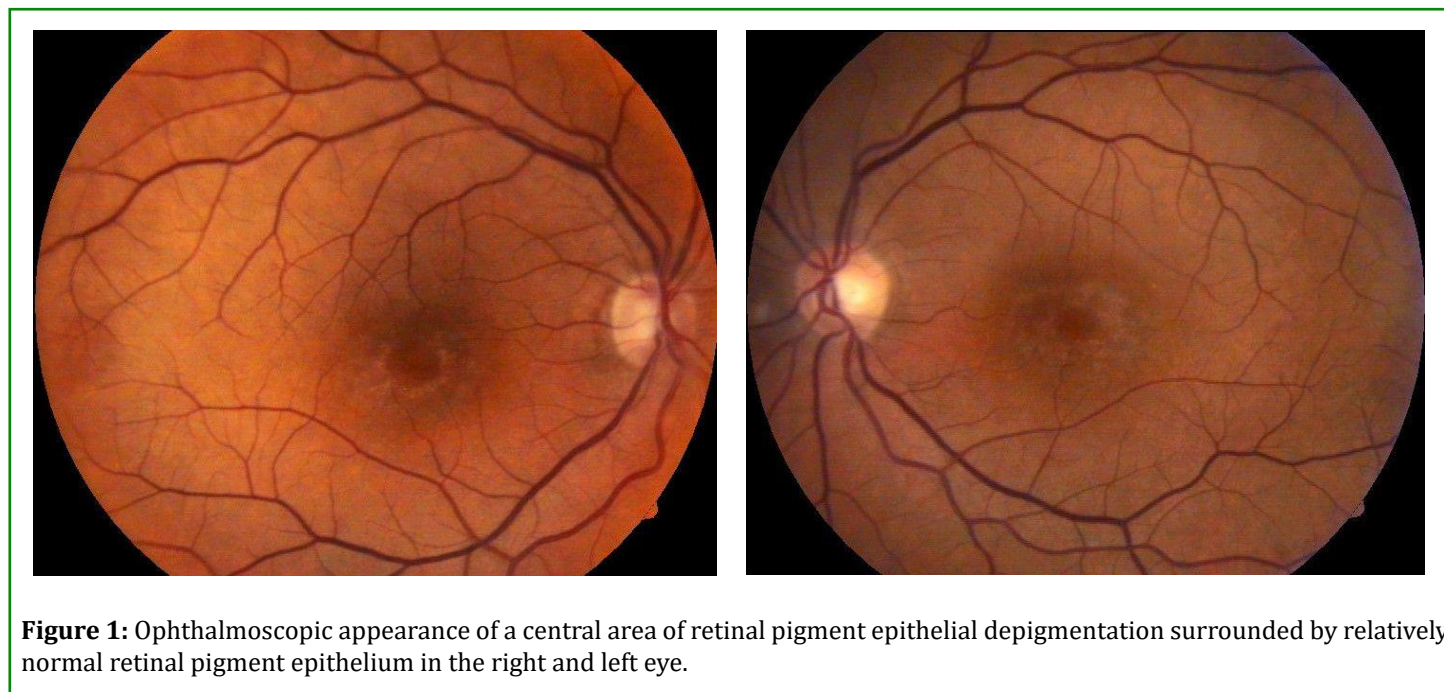


Figure 1: Ophthalmoscopic appearance of a central area of retinal pigment epithelial depigmentation surrounded by relatively normal retinal pigment epithelium in the right and left eye.

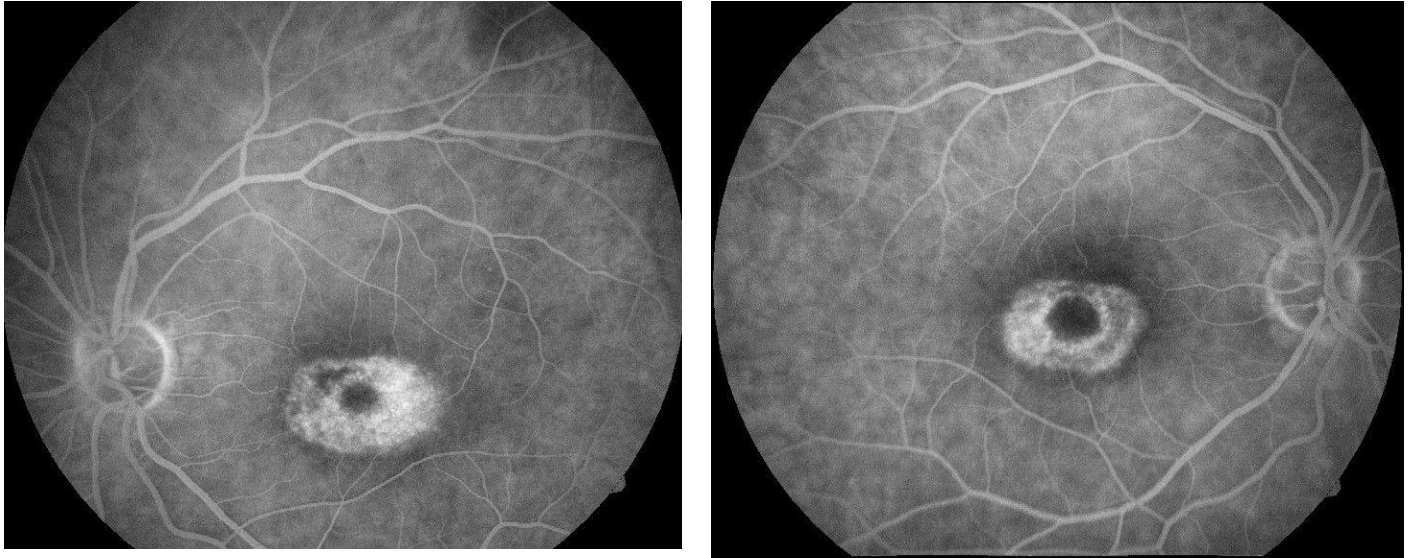
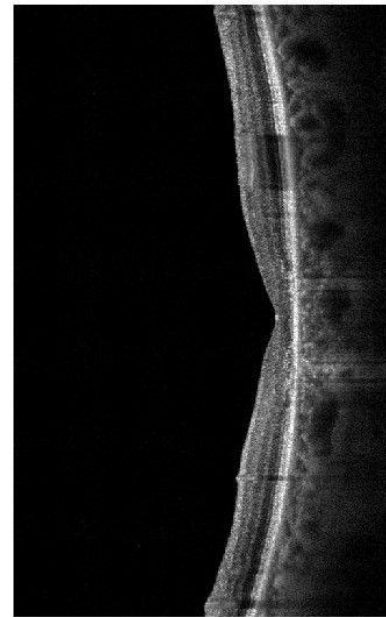
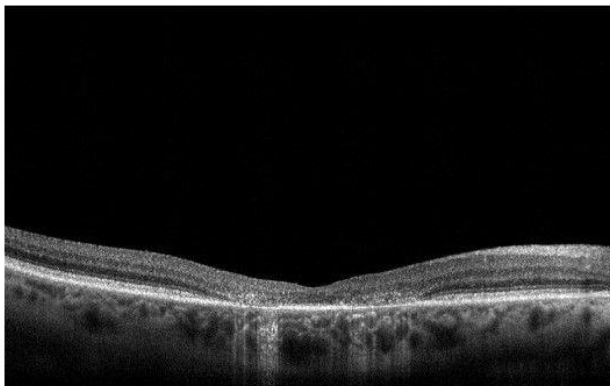


Figure 2: Fluorescein angiography demonstrates retinal pigment epithelial window defect surrounding a circular area of intact retinal pigment epithelium in the central macula.



250 μ m

of Averages: 16, 14

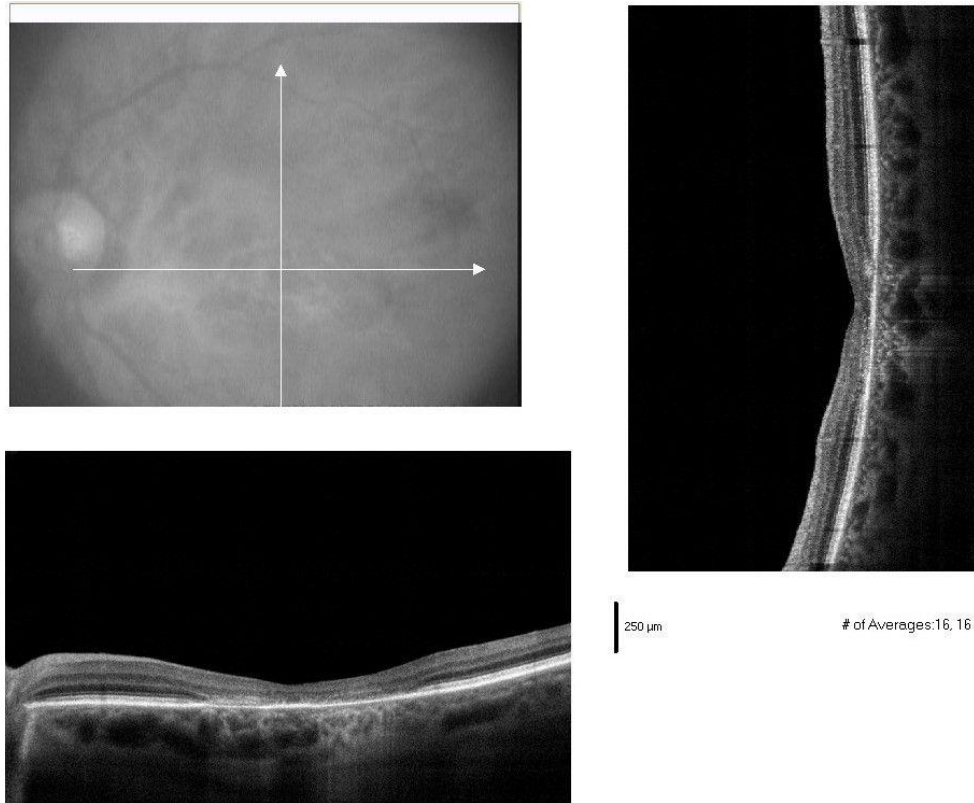


Figure 3: Loss of the ellipsoid zone in the central area in both eyes.