



**Beware of the patient who presents with acute angle closure and transient myopia, as this may occur as an idiosyncratic side effect of oral sulfonamides**

### ***The Science behind the Tip***

The normal mechanism of angle closure is pupillary block, which is treated with a laser peripheral iridotomy (PI). However, acute angle closure associated with transient myopia may be an idiosyncratic response to the use of oral sulfonamides and occurs secondary to an effusion of the extracellular tissue of the ciliary body and choroid<sup>1,2</sup>.

This may occur bilaterally and has been most commonly reported as a side effect of topiramate, which is used for the treatment of migraine<sup>3</sup>. It has also been reported after sulphasalazine, hydrochlorothazide, acetazolamide, venlafaxine and fluvoxamide<sup>1</sup>.

The treatment is to discontinue the medication. Topical miotics and laser PI are not helpful. If this does not resolve the problem, then glaucoma drops and oral steroids can be considered<sup>3</sup>.

### ***References***

- 1) Lee GC, Tam CP, Danesh-Meyer HV et al Bilateral angle closure glaucoma induced by sulphonamide-derived medications. *Clin Experiment Ophthalmol* 2007; 35:55-8.
- 2) Singer JR, Pearce ZD, Westhouse SJ, Siebert KJ Uveal effusion induced by chlorthalidone. *J Glaucoma* 2015; 24: 84-6.
- 3) Panday VA; Rhee DJ. Review of sulfonamide-induced acute myopia and acute bilateral angle-closure glaucoma. *ComprOphthalmol Update* 2007; 8: 271:6