

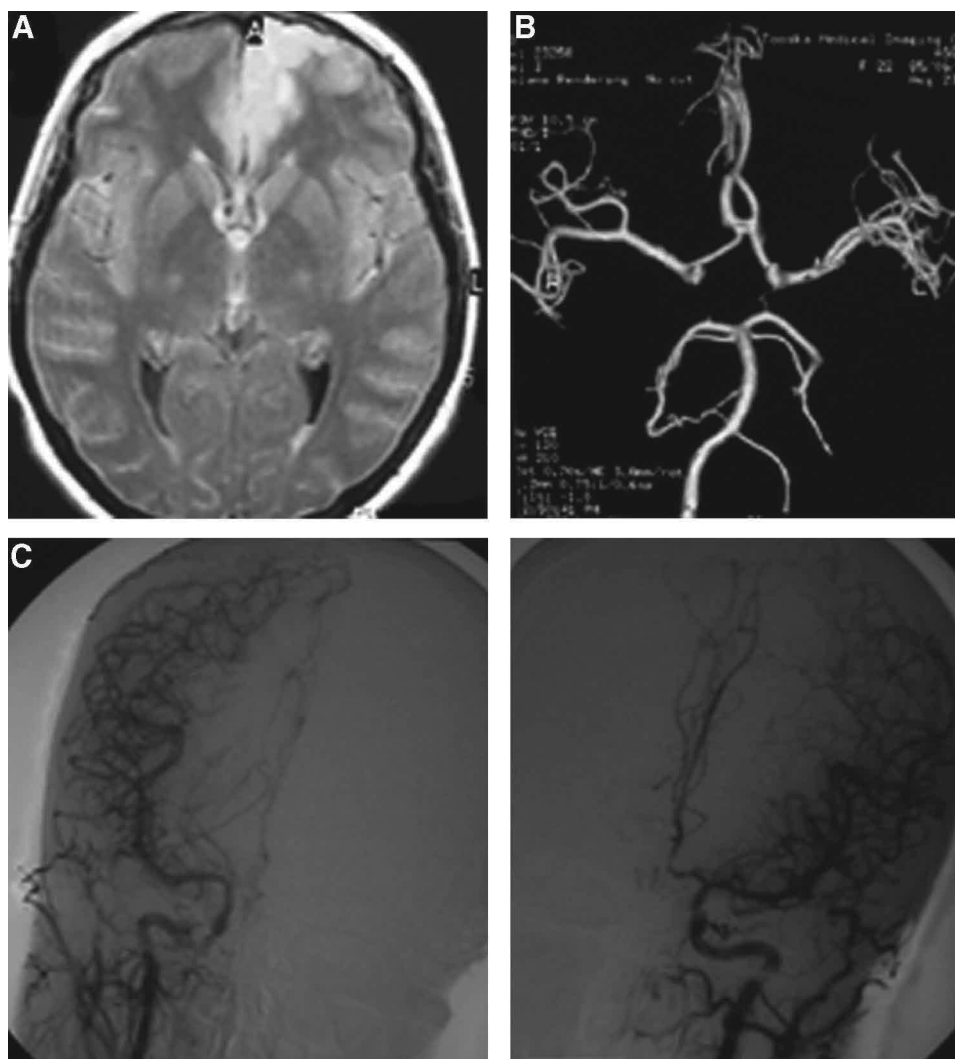


FIG. 2. A, MRI shows left medial frontal lobe ischemia. B, CT angiography demonstrates no abnormal vascular lesions. C, Carotid angiography also shows no vascular abnormalities after a thyroid orbital decompression.

and signs—including headache, anxiety, paresthesia, mental status changes, or focal neurologic deficit—in a patient with TRIO should be promptly investigated for SAH and cerebral vasospasm and ischemia.

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Anterior Uveitis, Poliosis, and Skin Hypopigmentation Associated With Topical Chloramphenicol Allergy Following Ptosis Surgery

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Abstract: The association of uveitis and vitiligo has long been established in specific disease entities: Vogt-Koyanagi-Harada

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syndrome and sympathetic ophthalmia. We report an unusual case of topical chloramphenicol allergy associated with an anterior uveitis with subsequent poliosis and periocular vitiligo, following anterior approach levator advancement surgery.

CASE REPORT

A 33-year-old woman of Indian and Welsh origin presented with a 2-year history of left ptosis that followed an episode of upper eyelid swelling of unknown cause. She underwent uneventful anterior levator advancement via an incision 8 mm from the eyelid margin. There was no trauma to the eyelash follicles during the procedure. Postoperatively, chloramphenicol 1% eye ointment was applied 3 times daily to the eye and sutured incision. She presented 11 days later complaining of irritation and tearing. At this visit, she volunteered a history of a previous adverse reaction to an eye ointment. Examination revealed erythema and edema of both upper and lower eyelids, conjunctival hyperemia, and papillae. A diagnosis of allergic conjunctivitis secondary to chloramphenicol was made. The chloramphenicol was stopped and the eye bathed with cooled boiled water.

Over the following 3 days, the visual acuity deteriorated from 20/16 to 20/30. Fine keratic precipitates and anterior chamber cells were noted. Intraocular pressure was elevated at 24 mm Hg compared with 10 mm Hg in the fellow eye. Guttate prednisolone 0.5% preservative free 3 times daily and hydrocortisone 1% cream to the periocular skin were prescribed. The anterior uveitis subsequently resolved.

At 12 weeks, poliosis was noted involving both the left upper and lower eyelids. The poliosis progressed over the following 2 months to involve all eyelashes with a halo of hypopigmentation of the periocular skin (Fig.). Nine months later, the poliosis and periocular vitiligo remained unchanged without recurrence of the uveitis. No posterior segment involvement was seen at any stage.

DISCUSSION

Post inflammatory vitiligo may occur following allergic contact dermatitis due to a number of different contactants. Contact allergy to topical chloramphenicol typically produces a conjunctival and localized skin reaction.^{1,2} To our knowledge, anterior uveitis, post inflammatory vitiligo, and poliosis have not been described in the literature associated with chloramphenicol allergy or following eyelid surgery. Poliosis and

granulomatous anterior uveitis have been attributed to topical latanoprost in 1 case.³ Chalfin and Putterman⁴ reported a case of skin depigmentation in a black male following reconstructive eyelid surgery. They considered chloramphenicol hypersensitivity as a possible cause.

Tissue trauma resulting from the ptosis surgery may cause skin depigmentation. However, the distribution of the hypopigmentation closely resembled that of the inflammatory reaction and was not confined to the surgical site.

Certain compounds, including phenols, have been reported to be specifically melanocytotoxic and are causative factors in occupational leukoderma in susceptible individuals.⁵ Melanin is a free radical scavenger and has the ability to bind many compounds.⁶ Oxidized low molecular weight compounds, including chloramphenicol, once bound to proteins are able to stimulate a T-lymphocyte-mediated reaction in sensitized individuals.^{2,7}

We hypothesize that a T-cell-mediated hypersensitivity reaction to chloramphenicol resulted in a selective loss of melanin or melanocytes in our patient, producing the clinical features described. The routine use of antibiotic ointments on surgical incisions following oculoplastic surgery is considered unnecessary by many. This case highlights the potential for adverse events with such use.

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Exacerbation of Graves Ophthalmopathy With Interferon- α Therapy

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Abstract: Thyroid dysfunction, particularly hypothyroidism, following interferon- α therapy is not uncommon. To our



Five months following surgery, poliosis of the left upper and lower eyelids is seen with hypopigmentation of the periocular skin.

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