

In spite of repeated attempts to reexamine the patient, further follow-up was delayed until Aug. 23, 1965, when a vision of 20/20 was recorded in each eye and the disc and retina were normal.

## COMMENT

It is presumed that the causative agent in these cases was chloramphenicol. All other therapeutic agents were continued after chloramphenicol was stopped. In the previously reported cases (now totaling 15), chloramphenicol was the only common drug.<sup>1-9</sup>

The retinopathy of cystic fibrosis of the pancreas, characterized by retinal hypervascularity or papilledema or both,<sup>10</sup> is not at all similar to the changes described here, and usually does not affect vision. These changes are thought to be related to the pulmonary status.

A summary of the clinical findings in our cases and those from the literature are given in the Table.

The mechanism of optic neuritis in this condition (or in any other) is not known.

## SUMMARY

Two cases of optic neuritis associated long-term chloramphenicol therapy are reported.

## GENERIC AND TRADE NAMES OF DRUGS

Chloramphenicol—*Chloromycetin*.

Sodium oxacillin—*Prostaphlin*, *Resistopen*.

Tetracycline—*Achromycin*, *Panmycin*, *Polycycline*, *Steclin*, *Tetracyn*.

## REFERENCES

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## CHLORAMPHENICOL AND EYE DAMAGE

The more notorious side-effects of chloramphenicol, such as aplastic anaemia, are well enough known to need no comment, but it may not be generally recognized that prolonged administration of the drug can also seriously affect the sight. Two recent papers from the U.S.A. dealing with children whose serious degree of fibrocystic disease had necessitated their taking a prolonged course of the antibiotic, serve to highlight the problem, although there have been occasional reports of visual troubles associated with chloramphenicol therapy since 1963.

The first report, by J. C. Cocke, R. E. Brown and L. J. Geppert, is from San Antonio, Texas,<sup>1</sup> and tells of a girl, aged nine years, who was given a total of 135 grammes of chloramphenicol over a four and a half month period for a resistant *Pseudomonas* infection. Three attempts were made to withdraw the drug, but on each occasion the child became febrile within 24 hours, and it had to be started again. Frequent physical, hematological and chemical tests revealed no signs of any adverse reaction to the drug until over a period of about three weeks she suddenly developed a marked loss of vision. On questioning, it appeared that the child had first noticed a gradual haziness of objects, then had difficulty with read-

<sup>1</sup> *J. Pediat.*, 1966, 68: 27 (January).