

Ophthalmic Images

Bilateral Acute Iris Transillumination After Systemic Moxifloxacin Treatment

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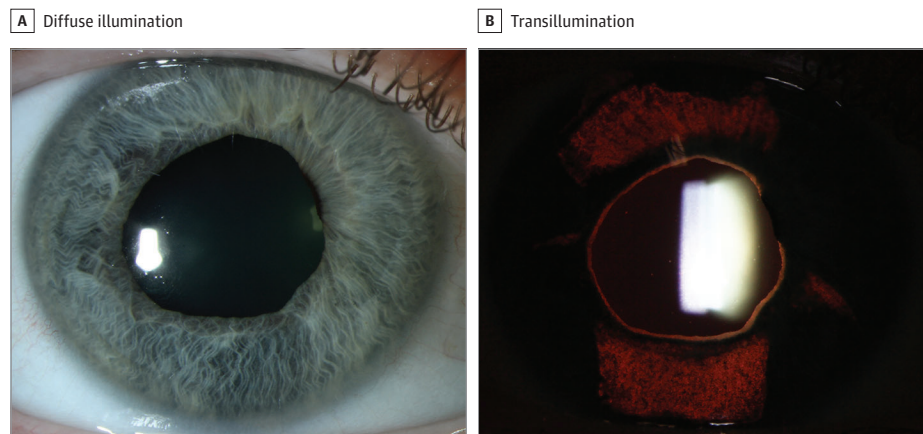


Figure. Bilateral acute iris transillumination after systemic moxifloxacin treatment. Right eye of the patient under diffuse illumination (A) and transillumination (B). Both eyes have the same appearance on clinical examination.

A 44-year-old woman presented with a history of severe, bilateral photophobia. One year previously, she was treated with intravenous moxifloxacin for pneumonia. Shortly after treatment, she recalled developing facial swelling and red eyes, with symptoms settling within days. She subsequently developed substantial photophobia, persisting to the current examination. On examination, unaided visual acuity was 20/25 OU. Both pupils were mid-dilated, irregular, and poorly reactive to light and accommo-

dation. Iris transillumination defects were observed in the superior and inferior sectors, with partial loss of the pupillary ruff (**Figure**). Intraocular pressures were normal, and there was no pigment deposition in the angle or on the lens. These signs are consistent with a diagnosis of quiescent bilateral acute iris transillumination, first described in 2005 as a nonprogressive condition that is associated with respiratory infections and systemic antibiotics, including moxifloxacin and clarithromycin.¹⁻⁴ This patient was treated with prosthetic iris-colored contact lenses for symptomatic relief.

ARTICLE INFORMATION

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