Search results PubMed [pseudopemphigoid and glaucoma]

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JAMA Ophthalmol. 2015 Feb;133(2):e143483. doi: 10.1001/jamaophthalmol.2014.3483. Epub 2015 Feb 12.

Unilateral ocular pseudopemphigoid in a patient with glaucoma.

Iovieno A, Cimino L, Fontana L.

Nippon Ganka Gakkai Zasshi. 2006 Apr;110(4):312-7.

[A case of severe glaucoma with pseudopemphigoid successfully treated by filtration surgery using amniotic membrane].

[Article in Japanese]

Hino K[1], Mori K, Sotozono C, Ikeda Y, Naruse S, Ishibashi T, Nanjo Y, Kinoshita S.

Author information

Abstract

BACKGROUND:

It is necessary to decrease topical anti-glaucoma medication for severe glaucoma withpseudopemphigoid caused by anti-glaucoma eye drops. Glaucoma filtrating surgery is often needed instead of medication, but the prognosis is poor because it induces scar fomation and makes the filtrating bleb vanish.

CASE:

An 85-year-old male patient with exfoliation syndrome had twice undergone glaucoma surgery about ten years previously. His intra-ocular pressure (IOP) was high despite topical anti-glaucoma medication. At the first examination in our hospital, he had severe superficial punctate keratopathy, blephariticshortening and symblepharon, and we therefore diagnosed severe pseudopemphigoid induced by anti-glaucoma eye drops. Because his IOP could not be controlled by topical and general medication, we conducted aglaucoma filtrating operation using amniotic membrane.

CONCLUSION:

The administration of oral anti-inflammatory drugs before and after surgery and the use of amniotic membrane prevented post-operative scar formation and the progress of symblepharon, resulting in the successful control of IOP after surgery.

Eye (Lond). 2004 Dec;18(12):1270.

Unilateral drug-induced ocular pseudopemphigoid.

Gibran SK.

Ophthalmology. 2004 Jan;111(1):45-52.

Mucous membrane pemphigoid and pseudopemphigoid.

Thorne JE[1], Anhalt GJ, Jabs DA.

Author information

Abstract

PURPOSE:

To describe the clinical characteristics of patients with mucous membrane pemphigoid (MMP) and pseudopemphigoid.

DESIGN:

Retrospective cohort study.

PARTICIPANTS:

Two hundred eighty consecutive patients referred for the evaluation of possible ocular MMP from January 1, 1985, to December 31, 2001.

METHODS:

Information on patients presenting for evaluation of possible MMP was entered prospectively into a database, which was supplemented by a retrospective chart review. Mucous membrane pemphigoid was diagnosed in patients with a compatible clinical picture by the linear deposition of antibodies to the basement membrane zone (BMZ) on direct immunofluorescent analysis of a mucous membrane biopsy specimen or by the presence of circulating autoantibodies to epithelial BMZ.

MAIN OUTCOME MEASURES:

Demographic and clinical characteristics of MMP and pseudopemphigoid; risk of ocular MMP among patients presenting with extraocular MMP without ocular disease.

RESULTS:

Among patients with ocular MMP, extraocular disease was common (82.4% of patients). The risk of ocular involvement among patients with MMP seen without ocular disease was approximately 5% per year over the first 5 years of follow-up (cumulative risk at 5 years, 22%). Although immunohistologic confirmation of the diagnosis was obtained in all patients, the initial conjunctival biopsy was positive for MMP in 80% of the patients diagnosed with ocular MMP. The most frequent presumed causes ofpseudopemphigoid were topical glaucoma medications (28.3%), rosacea blepharoconjunctivitis (20.0%), atopic keratoconjunctivitis (8.3%), and conjunctival lichen planus (8.3%).

CONCLUSIONS:

Patients with ocular MMP typically have other systemic manifestations of MMP. Patients who are initially seen with extraocular MMP without ocular involvement are at risk for ocular disease developing. The clinical characteristics of ocular MMP and pseudopemphigoid are similar; therefore, immunohistologic evaluation of biopsied tissue is needed to confirm the diagnosis of MMP.

Br J Ophthalmol. 1998 Jun;82(6):666-75.

Frequent association of delayed tear clearance in ocular irritation.

Prabhasawat P[1], Tseng SC.

Author information

Abstract

AIM:

To explore the pathogenic role of delayed tear clearance.

METHODS:

By comparing 10 patients with punctal obstruction and 20 asymptomatic normals, delayed tear clearance was diagnosed in 70 patients without apparent punctal obstruction using fluorescein clearance test.

RESULTS:

The majority were older (71.4 (SD 1.2) years) and women (66%). Frequent complaints included redness, itching, mucus discharge, and crusting, which tended to be worse upon awakening. Common associated problems were medicamentosa (13%), drug induced pseudopemphigoid, ocular hypertension (27%), and glaucoma (7%). Topical non-preserved 1% methylprednisolone resulted in subjective (83%) and objective (80%) improvement and resolution of delayed tear clearance (87%).

CONCLUSION:

These results indicate strong association of delayed tear clearance with intrinsically and extrinsically generated ocular surface inflammation. The presence of delayed tear clearance may set up a vicious cycle to aggravate the existing inflammation. Future prospective studies are needed to delineate the pathogenic role of delayed tear clearance in various ocular surface disorders.

Klin Monbl Augenheilkd. 1994 Aug;205(2):61-4.

[Ocular pseudopemphigoid after topical drug administration].

[Article in German]

Anders N[1], Wollensak J.

Author information

Abstract

BACKGROUND Since it's first description in 1974 by Kristensen and Norn numerous substances have been reported as potential causes for drug-induced pseudopemphigoid. The signs and symptoms are as severe as with ocular cicatricial pemphigoid. It seems to be most important for the visual outcome for how long the inducing drug was applied and how soon it has been stopped after the first signs. PATIENTS Six female patients were investigated. All six patients presented the clinical picture of a cicatricial pemphigoid but this was not confirmed by immunostaining. The average age of these patients was 72.5 +/- 8.1 years. In 5 of these patients topical antiglaucomatous drugs are thought to be the inducing factor. The average interval from the start of medication until the appearance of the

first symptoms was 14.8 +/- 5.3 years. CONCLUSIONS. The drug-induced ocular pseudopemphigoid is a serious but rare consequence of long-term topical medication. This potential risk should be carefully balanced against the benefit of long-term topical therapy.

Publication Types, MeSH Terms, Substances

Am J Ophthalmol. 1976 Aug;82(2):272-6.

Induced ocular pseudopemphigoid.

Patten JT, Cavanagh HD, Allansmith MR.

Abstract

Two patients with a clinical picture identical to idiopathic ocular cicatricial pemphigoid had received long-term (six to nine years) echothiophate iodide treatment for control of glaucoma in the affected eyes after cataract extraction. Basement membrane zone staining for IgG was seen in the conjunctiva of one affected eye. Decreased or absent goblet cells, epidermalization of the conjunctiva, fibroses, and abnormal numbers of inflammatory cells were seen in both affected eyes.