Chloroquine and Hydroxychloroquine Screening Procedures

Risk

- Risk increases in the following:
    - After 5 years of use
    - Hydroxycholoroquine Daily dose >5.0mg/kg real weight
    - Cholorquine Daily dose >2.3 mg/kg real weight
    - Renal disease- subnormal glomerular filtration rate
    - Tamoxifen use
    - Preexisting macular disease
- Risk may be higher than previously believed as more sensitive testing employed (OCT, MERG)

Toxicity

- Irreversible Toxicity as evidenced by perimacular retinal thinning, photoreceptor and RPE loss
- Early signs are loss of outer segment structural lines and increased parafoveal autofluorescence

Timeline

- Baseline Examination within first year of use
- Annual Screening after 5 years of use if on acceptable doses without other risk factors

Recommended Screening Procedures

Ocular Exam

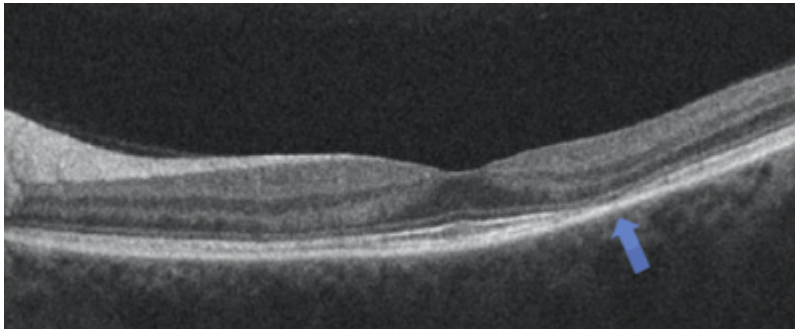- Dilated Retinal Exam (low sensitivity)

Automated Visual Field

- White 10-2
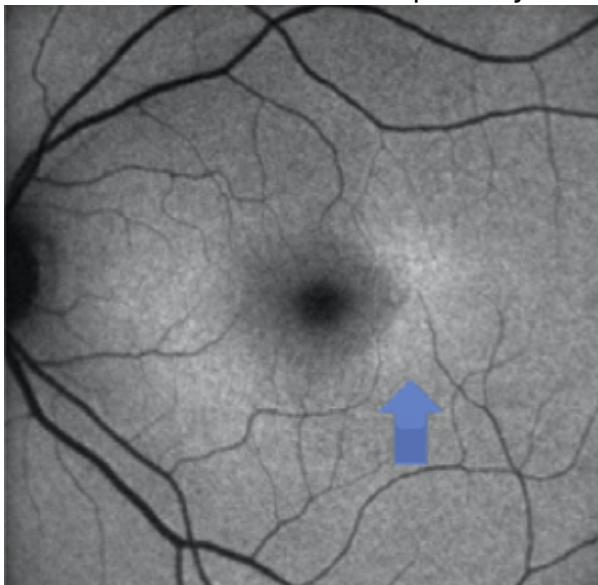- Interpret with a low threshold for abnormality

- Retest if abnormalities appear

One or More Objective Tests (abnormalities may be before field loss)

- SD-OCT
    - Cross section of macula
    - localized thinning of parafoveal region especially the outer-segments and RPE structural lines
    - loss of the inner-/outer-segment line may be early sign
    -
- mfERG
    - Especially in suspicious or unreliable visual field loss
    - Paracentral voltage reduction
- Fundus Autofluorescence
    - Increased autofluorescence possibly from accumulation of outersegment debris
    -

Tests NOT recommended for screening

- Fundus photography
- Time-Domain OCT
- Fluorescein Angiography- not proved to be more senstive than other tests
- Full-field ERG- may be useful in those with manifest toxicity to evaluate degree of damage

- Amsler grid
- EOG

Source:Ophthalmology 2016:123:1386-1394

drugs, jia

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Last update: **2020/06/24 20:44**