Acta Ophthalmologica

Acta Ophthalmologica 2015

Letters to the Editor

Intraoperative floppy iris syndrome associated with silodosin

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doi: 10.1111/aos.12549

Editor,

We read the article by Storr-Paulsen et al. (2014) with great interests. They contributed literature with a large numbers of patients. It is well known that tamsulosin is associated with intraoperative floppy iris syndrome (IFIS), which includes a triad of a flaccid iris, propensity for the iris and progressive pupil construction, during cataract surgery (Chang & Campbell 2005). Thus, surgical adjustment is needed by ophthalmologists. They also described IFIS with another alpha blocker drug as doxazosin. Additionally, Settas and Fitt described IFIS with alfuzosin (Settas & Fitt 2006). To overcome these issues, we would like to affix a case of IFIS with silodosin. To our best knowledge, this is the first IFIS by silodosin, in the literature.

A 60-year-old man, with lower urinary tract symptoms (LUTS) admitted urology outpatient clinic. Detailed clinical and laboratory examinations including uroflowmetry which an obstructive pattern was presented in terms of maximum urinary flow (Q_{max}) rate was 14 ml/second were performed. Therefore, he was diagnosed as benign prostate hyperplasia, and silodosin 8 mg was prescribed. In the 1st month of drug, he was benefitted from silodosin as Q_{max} was 19 ml/second and he had few LUTS. After 2 months from start to use silodosin, he went to ophthalmology outpatient clinic and he was diagnosed as cataract in his left eye. The ophthalmology clinic made plan for cataract surgery, and they consulted him with us for possible IFIS. However, there has not been any IFIS by silodosin in the literature; we preferred to stop silodosin. After 45 days, he stopped silodosin; he underwent cataract surgery. During the surgery, ophthalmologist reported the triad of IFIS and the patient needed surgical interventions, during cataract surgery in which surgeons also were allowed to use intraoperative prophylactic measures (Klysik & Korzycka 2014). To our best knowledge, this was the first case of IFIS by silodosin.

The rate of IFIS with tamsulosin was 60% in literature (Michel et al. 2006; Settas & Fitt 2006). Michel et al. (2006) reported IFIS with other alpha blockers in rabbits. The main cause seems like it is associated with selective alpha-1 blockage; thereby, silodosin has a selective and strong capacity in alpha-1 blockage (Akin et al. 2013). The ophthalmologist should be aware of IFIS before cataract surgery in men who use alpha blocker drugs specifically selective ones such as tamsulosin and silodosin. Nevertheless, each patients who use alpha blocker would not experience IFIS.

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Differences in genetic defects and morphology of eye- and limb muscles in mitochondrial myopathy

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doi: 10.1111/aos.12558

Editor,

The extraocular muscles (EOM) are often the primary muscles affected in mitochondrial myopathies, but the mechanisms underlying this selective involvement are poorly understood. In this study, we investigated the differences in molecular defects and morphology in levator palpebrae muscle (LPM) versus the vastus lateralis muscle (VLM) in two unrelated patients with EOM involvement and mitochondrial myopathy.

Patient 1 was a 58-year-old woman experienced progressive drooping of the eyelids and unsteady gait since age 52. She had ptosis with 9 mm levator function in upper eyelids, moderate ophthalmoplegia and a Medical Research Council strength score of 4 in proximal leg muscles. She was diagnosed with multiple deletions in m.DNA isolated from the VLM. PCR and direct sequenc-