Findings that shed new light on the possible pathogenesis of a disease or an adverse effect

Follow-up of erlotinib related uveitis

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The authors report the follow-up of a 68-year-old lady with bilateral anterior uveitis secondary to erlotinib. Erlotinib was started and stopped after symptoms and signs suggestive of severe bilateral anterior uveitis were noted. The patient developed signs of a non-ST elevation myocardial infarction, 12 days after stopping the erlotinib, and recovered without major problems. The patient also reported intermittent low-grade fever since starting erlotinib which resolved after stopping this drug. No further symptoms of uveitis were noted up to 6 month follow-up. The patient reported improved well being, resolution of ocular symptoms and intermittent low-grade fever at last follow-up (6 months after stopping erlotinib).

BACKGROUND

Erlotinib related uveitis is a recently reported medication related adverse event. This is a follow-up of the previously reported case.

CASE PRESENTATION

This 68-year-old lady, started erlotinib for secondary lung carcinoma with unknown primary, has not reported any further symptoms or episodes of uveitis after finally stopping the suspected causative drug (figure 1). The original presentation was reported and has been followed up.¹

Interestingly, the medical history of the patient also included a hospital admission 12 days after stopping erlotinib temporarily. The complaints included chest pain. This was diagnosed as an episode of non-ST elevation myocardial infarction (NSTEMI) on the basis of cardiac enzymes and ECG review.

The patient also reported intermittent low-grade fever since starting erlotinib. This resolved after stopping this drug.

Improvement in general health was reported on follow-up and telephonic review.

INVESTIGATIONS

Troponin I was raised to 6.28 2 g/l from a baseline of 0.07 2 g/l and then settled to baseline levels a few months later.

ECG showed changes consistent with NSTEMI. (figure 2).

DIFFERENTIAL DIAGNOSIS

Bilateral non-granulomatous uveitis was diagnosed which resolved and did not recur after stopping erlotinib.

NSTEMI was diagnosed 12 days after stopping erlotinib.

TREATMENT

Standard treatment principles for uveitis and NSTEMI were followed. Erlotinib was stopped.

OUTCOME AND FOLLOW-UP

Improvement and resolution of uveitis and episodes of low-grade fever, was noted. No further ocular events were noted up to 6 month follow-up.

DISCUSSION

Erlotinib (tarceva) is a recently introduced drug used in advanced non-small cell carcinoma of the lung. Ocular side effects are rare and include conjunctivitis, trichomegaly and keratoconjunctivitis.²⁻⁵ A recent addition to this list is non-granulomatous uveitis.¹ No further symptoms of uveitis seem to suggest that the previously experienced uveitis may have been related to erlotinib. As the patient had a previous cardiac history, we are unsure if the erlotinib had any contribution to the NSTEMI event. Cardiac events associated with erlotinib have been reported in the literature.⁶

As erlotinib is a relatively new drug introduced into clinical practice, the potential of previously unknown drug related adverse effects, should be kept in mind.

Figure 1 Posterior synechiae (iris adhesions to anterior lens capsule) in this patient as a result of uveitis.

Figure 2 ECG showing no significant changes.

We suggest caution when patients complain of sore eyes, photophobia, decreased vision or symptoms suggestive of uveitis when using this medication.

Learning points

- ▶ An ophthalmology consultation should be sought if symptoms do not correspond to ocular surface disease or the symptoms do not respond to treatment.
- ▶ We suggest caution using erlotinib in patients with a known history of cardiac disease.
- ▶ Unexplained symptoms such as low-grade fever without any obvious cause should be investigated by a systematic physical and medication review.

Competing interests None.

Patient consent Obtained.

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