Ophthalmology and Visual Sciences



Corneal and lenticular pigmentation from long-term chlorpromazine use

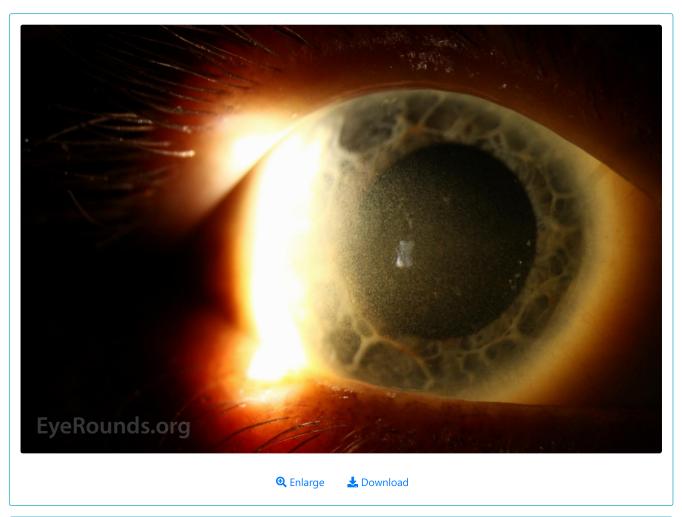
Category(ies): Cornea, Lens

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Photographer: D. Brice Critser, CRA, OCT-C



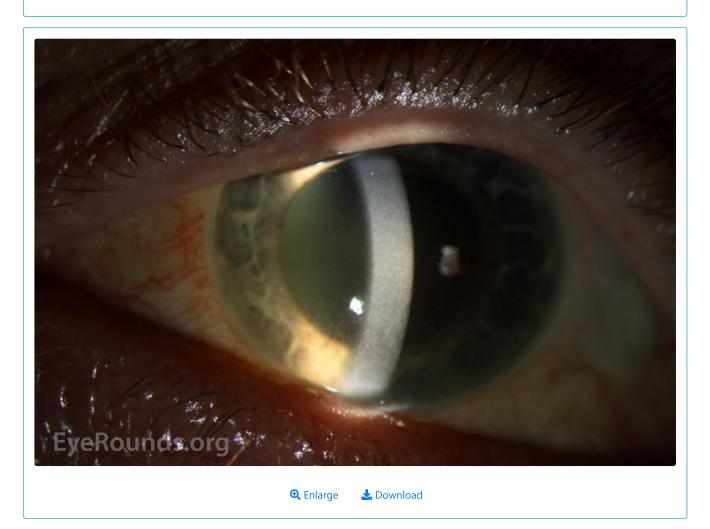
55-year-old male with history of schizophrenia and long term chlorpromazine use. There is blue-gray dyspigmentation of the nose, bilateral cheeks, forearms, dorsal hands and arms in photo-distributed areas. Slit lamp examination shows diffuse punctate corneal deposits through the posterior stroma, descemet membrane, and endothelium of the cornea.











Contributor: Elizabeth Gauger, MD
Photographer: D. Brice Critser, CRA, OCT-C

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pigment deposition in the posterior corneal stroma and endothelium. In addition, there is pigmentation in a stellate pattern on the anterior lens and lens capsule. This rarely causes a decrease in visual acuity.

These findings are characteristic of long-term thorazine use and are suspected to be related to dose and duration of treatment. It is recommended that persons undergoing long-term treatment with thorazine have regular eye examinations.



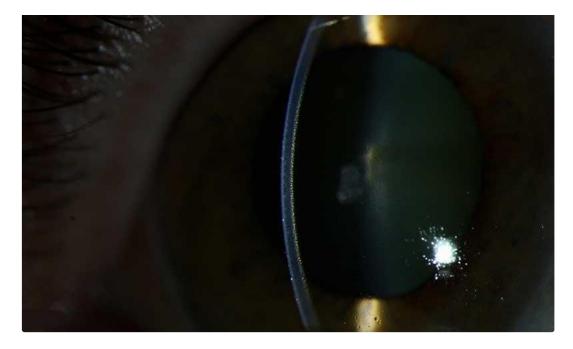




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References:

- 1. Huff, L S, Prado, R, Pederson, JF, Dunnick, CA, Lucas, LM (2014). Chlorpromazine-induced skin pigmentation with corneal and lens opacities. Cutis, 93(5), 247-250.
- 2. Gupta, A., Agarwal, A., & Ram, J. (2014). Reversal of Toxic Manifestations of Chlorpromazine. JAMA ophthalmology, 132(10), 1177-1177.

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