Case Report

A 73-year-old woman with atrial fibrillation treated with Amiodarone presented with Optic Disc oedema in right eye (OD). Using Optical Coherence Tomography (OCT) we describe the impact of this neuropathy on Retinal Nerve Fibre Layer (RNFL). At diagnosis RNFL average was of 188 µm OD and 77 µm in the left eye (OS), six months after discontinuation of the drug decreased to 40 µm in OD and 76 µm in OS. The RNFL average of OD presented a transient increase during the acute oedema that returned to normal levels during the first month after discontinuation of the drug and fell dramatically to 44 µm at the second month and 40 µm at the sixth month. We show there is axonal loss after amiodarone-associated optic neuropathy measured with OCT. The OCT may be used in these patients to document changes in RNFL in the follow-up.

Keywords: Optic coherence tomography, Optic atrophy, Toxic neuropathy
Van Elmbt et al., reported axonal loss and optic nerve atrophy after resolution of amiodarone-associated optic neuropathy with OCT [12]. However, the behaviour of RNFL through out the entire episode of oedema was not described. With this case, we show the variations of RNFL during and after amiodarone-associated optic neuropathy. We show there is transient elevation in RNFL during the first month with subsequent axonal loss. We recommend follow-up visits every year with an ophthalmologist for screening patients using amiodarone. During this examinations, OCT of the optic nerve may be performed to document oedema or thinning in RNFL. 

**Table/Fig-2:** Right optic nerve 6 month post discontinuation of amiodarone. A: OCT: decreased RNFL fibre, B: photograph of optic nerve head atrophy and C: Goldman perimetry: right central scotoma

| Table/Fig-3: Right optic nerve 6 month post discontinuation of amiodarone. A: OCT: decreased RNFL fibre, B: photograph of optic nerve head atrophy and C: Goldman perimetry: inferior altitudinal defect |

<table>
<thead>
<tr>
<th>Data Elements</th>
<th>Scoring (based on number of elements reported)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optic neuropathy diagnosis (1 point for each element)</td>
<td>Optic disc oedema, visual field defect, color vision abnormalities, optic disc atrophy, optic disc haemorrhages, afferent pupillary defect, intracranial hypertension, and change in visual acuity/subjective blurring of vision</td>
</tr>
<tr>
<td>Association with amiodarone (1 point for each element)</td>
<td>Dose, duration of treatment, duration of treatment before presentation, other simultaneous drug therapy, outcome post- discontinuation, change in visual acuity after initiation of amiodarone</td>
</tr>
<tr>
<td>Diagnostic certainty</td>
<td>Completeness of information provided and the diagnosis given by the reporting physician</td>
</tr>
</tbody>
</table>

**Table/Fig-4:** Pasaman et al., criteria for completeness of reporting for possible amiodarone-associated optic neuropathy cases

**ACKNOWLEDGMENT**

The authors gratefully acknowledge the critical reading of the manuscript by Karim Mohamed-Noriega, Dr. Med.

**REFERENCES**