SEVERE OCULAR HYPERTENSION SECONDARY TO STEROID TREATMENT IN A CHILD WITH NEPHROTIC SYNDROME

Pedro Brito, Sérgio Estrela Silva, J Silva Cotta, F. Falcão-Reis

Case Report: A 6 year-old, female, Caucasian child was diagnosed with nephrotic syndrome and initiated treatment with oral prednisolone (60mg/day). Seven days later the child developed a clinical picture consisting of headache, vomiting, ocular pain, photophobia and arterial hypertension (177/89 mmHg). Ophthalmologic examination was required and revealed unremarkable findings with the exception of bilateral severely increased intraocular pressure (IOP) of 52 mmHg in the right eye and 56 mmHg in the left eye. There was no prior history of ocular disease or family history of glaucoma.

Treatment was initiated with latanoprost and the fixed association of timolol and dorzolamide. A good IOP response was verified: one hour later the IOP decreased to 19 mmHg in OD and 29 mmHg OS (Icare). In order to achieve better IOP control, brimonidine was added to the therapeutic regimen.

Follow-up 6th day
- IOP OD 24 OS 18 mmHg
- Paquimetry 520 µm
- Rx: brimonidine, dorzolamide+timolol, latanoprost

Follow-up 1st month
- Nephrotic syndrome - prednisolone 40 mg/dia
- IOP apl OU 14 mmhg
- Rx: Suspends brimonidine

Follow-up 3rd month
- Nephrotic syndrome - prednisolone 15 mg/dia
- IOP ODE 10 mmHg
- Rx: Suspends latanoprost

Follow-up 2nd month
- Nephrotic syndrome - prednisolone 30 mg
- IOP OD 10 OE 6 mmHg
- Rx: Suspends dorzolamide + timolol

Follow-up 4th month
- No corticotherapy
- No anti-glaucomatous medication
- IOP OD 10 OE 10 mmHg

Conclusions:
- There was a clear temporal relation between steroid dosage and necessary antiglaucomatous treatment to control IOP
- Children have an increased risk of severe IOP elevation secondary to corticosteroid treatment
- Due to he absence of specific signs and symptoms, in order to preserve optic nerve function, ophthalmologic surveillance is mandatory in children undergoing steroid therapy

Referências: