PROGRESSIVE TOXIC CHLOROQUINE MACULOPATHY IN PATIENT WITH RHEUMATOID ARTHRITIS DESPITE REGULAR SCREENING EXAMINATIONS

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Purpose: to report visual field defects, optical coherent tomography (OCT) changes, fundus autofluorescence findings in patient with rheumatoid arthritis treated 10 years with chloroquine and undergoing regular recommended screening examinations for the last 10 years. Methods: A 52-year-old women with rheumatoid arthritis was presented with complaints of visual field defects on both eyes in 2014. She had been treated with chloroquine phosphate (Resochin) 250 mg orally from 2005. The patient underwent regular annual screening according to the revised recommendation for chloroquine retinopathy. Central visual field testing (Humphrey 10-2 program), autofluorescence and optical coherence tomography revealed no abnormalities in the last five years. Results: On examination paracentral ring scotomas on both eyes were observed with minimal changes on fundus autofluorescence with normal visual acuity and colour vision. SD-OCT revealed the characteristic parafoveal outer retinal abnormalities termed the «flying saucer» sign of chloroquine retinopathy with preservation of outer retinal structures in the central fovea and parafoveal loss of photoreceptor IS/OS junction with outer retinal thinning. Conclusion: Despite normal finding on regular annual examination our patient developed one year after a chloroquine maculopathy with severe central visual field defects. In patients on long-term treatment central visual field testing and SD-OCT should be performed every 6 month for early detection of chloroquine maculopathy. Close rheumatologist-ophthalmologist collaboration is very important in the prevention of irreversible visual loss.