

*Letter to the Editor***Cataract development as a complication of corticosteroid treatment in a young patient with ulcerative colitis**

G. Malgarinos, Eleftheria Giannakouloupoulou, A. Mastrangelis, P. Cheracakis, J. Fouskas, F. Georgopoulos, J.K. Triantafillidis

To the editor

Ocular manifestations in patients with inflammatory bowel disease are well known for more than 80 years.¹ A number of ocular complications including glaucoma and uveitis have been described in patients with inflammatory bowel disease receiving corticosteroids. On the other hand, systemic toxic effects may develop as a result of topical and local use of ophthalmic corticosteroid preparations in susceptible patients.² To further emphasize the relation between corticosteroid treatment and ocular side-effects, a rare case of steroid-induced cataract and glaucoma after wearing soft contact lens soaked in steroid, has recently been described.³

The association between corticosteroid administration and the development of posterior subcapsular cataract is well documented.^{4,5} This side-effect is quite important, because corticosteroids are the main drug category used in the treatment of patients with inflammatory bowel disease and for a long period of time.

The aim of this presentation is to describe a young patient with severe exacerbation of ulcerative colitis, who received a full dose of corticosteroids for the underlying inflammatory bowel disease. After almost two weeks after the initiation of treatment with prednisolone, he developed premature posterior subcapsular cataract.

Case report

A young patient aged 25, was admitted to our department because of a severe exacerbation of ulcerative coli-

tis diagnosed two years earlier on the basis of the typical clinical picture, and the findings of endoscopy and histology of the large bowel. The usual diagnostic work-up, confirmed the severe exacerbation of ulcerative colitis. Treatment with mesalazine, metronidazole, ciprofloxacin, and prednisolone in a dose of 50 mg per day was initiated. The patient gradually improved on this treatment. Antibiotics discontinued after 5 days and the patient was switched we-recover -after 12 days- to peros administration of corticosteroids. Two days later, he started complaining of blurred vision, especially after exposure to strong light. Ophthalmologic examination, performed the next day, confirmed the diagnosis of premature posterior subcapsular cataract in both eyes. The dose of prednisolone was gradually reduced and finally stopped after a total period of 5 weeks. A repeated ophthalmologic examination showed improvement of the cataract. He is currently under close ophthalmologic surveillance aiming at early detection of possible worsening of the situation.

Comment

There are no detailed reports concerning the exact proportion of patients with inflammatory bowel disease in whom alterations in the lens could appear as a consequence of administration of corticosteroids. It seems that this complication is more frequent in pediatric patients with inflammatory bowel disease compared to adults.^{4,5} Appearance of cataract in patients with inflammatory bowel disease receiving corticosteroids is generally regarded as a rare complication or at least a complication not clinically relevant. As a consequence, this important complication has received little attention in the international gastroenterology literature.

Our experience with the above described patient leads us to make the following comments. There are some reports of cataract development following system-

Department of Gastroenterology, Saint Panteleimon General State Hospital, Nicea, Greece.

Author for correspondence:

J.K. Triantafillidis, Iera Odos 354, Haidari, 12461, Athens, Greece, Tel: (Greece)-210-5819481, Fax: (Greece)-210-5810970, e-mail: jkt@panafonet.gr

atic or even local (in the form of enema) administration of corticosteroids.⁶ It has been proposed that there is a genetic susceptibility concerning the cataractogenic effect of systematically administered corticosteroids.⁷ Alterations in the lens of both eyes can develop even after a short course of corticosteroids. Therefore, we can support the assumption that there is no "safe" dose or duration of treatment with corticosteroids as far as the protection from the development of cataract is concerned. It is quite interesting to notice that progression to early blurring of vision can occur even after reduction or interruption of the use of corticosteroids. Luckily enough, our patient showed improvement of cataract on ophthalmologic reexamination after reduction of the dose of corticosteroids.

We conclude that the development of cataract in patients with ulcerative colitis receiving corticosteroids must always be considered as a possible complication. Further prospective studies aiming to assess the size and significance of the problem in patients with inflammatory bowel disease are needed.

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