

## Bilateral anterior uveitis secondary to erlotinib

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Dear Editor,

We would like to report the first case of bilateral severe anterior uveitis secondary to erlotinib. Erlotinib is an epidermal growth factor receptor (EGFR) inhibitor which can contain certain cancer cells [1]. It is licensed for use in patients with non-small-cell lung carcinoma (NSCLC) in the UK as a secondary treatment for those patients who fail to respond to standard chemotherapy [2].

### Case history

A 63-year-old lady presented to eye casualty with a 5-day history of bilateral red watery (non-discharging) eyes, accompanied by photophobia, reduced vision and a dull ache in both eyes. The best corrected visual acuity (BCVA) was Snellen acuity of 6/24 in the right eye and 6/12 in the left. She had been diagnosed with non-small-cell lung carcinoma (NSCLC) about 9 months previously and had not responded to standard chemotherapy. Other than the NSCLC, there was no significant past medical history. She

was commenced on erlotinib (150 mg OD PO) about 6 weeks prior to her presentation to the eye clinic. Her other medications were loperamide and oxytetracycline. During the fifth week of erlotinib treatment, she developed dull, aching, red, watery eyes with reduced vision. At the same time she also developed diarrhoea, frontal headache, nausea and mouth irritation.

Ocular examination revealed bilateral severe anterior uveitis with almost complete posterior synechiae (Fig. 1). The anterior chamber examination revealed fine keratic precipitates, cells (3+) and flare (2+). There was no hypopyon. Fundus examination was unremarkable. There was no clinical evidence of ocular metastases. She was treated appropriately with regular topical ocular steroid (prednisolone acetate 1%) and mydriatic (atropine 1%). Subsequently the posterior synechiae and the anterior uveitis resolved after 2 weeks.

In view of the history, it is very likely that the bilateral anterior uveitis was secondary to the erlotinib. However,



**Fig. 1** One of the pupils showing almost complete posterior synechiae due to anterior uveitis

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