

We have used this technique of vitreous tap on numerous occasions without any intraoperative or postoperative problems. This technique of vitreous tap with a butterfly needle is simple, safe, and more stable than the conventional technique. This technique could be used in cases of endophthalmitis and other conditions in which vitreous biopsy is needed.^{2,3}

Key words: vitreous tap, vitrectomy.

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PERSISTENT AFTERIMAGES (PALINOPSIA) AND PHOTOPHOBIA IN A PATIENT WITH A HISTORY OF LSD USE

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Although a history of illicit drug use is considered to be part of a complete medical history, it is uncommon for such information to provide insights into the origin of ocular disorders (with the exception of infectious causes or risk for acquired immunodeficiency syndrome, for example). The patient presented here shows how prior lysergic acid diethylamide (LSD) use may cause symptoms that mimic a cone disorder.

Case Report

A 15-year-old girl was referred for consultation for her 2-year history of photophobia and persistent afterimages. She reported difficulty seeing after something bright flashed in her eyes. She had a persistent green afterimage after she saw a bright flash. It took her a minute to recover from seeing car headlights. Her visual acuity, color vision, night vision, and peripheral vision were normal.

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Prolonged exposure to fluorescent lights was difficult. Review of systems was positive for headaches, attributed to sinus disease. On further questioning following the testing described below, she reported the use of LSD, marijuana, and other illicit drugs for more than 1 year, but she had stopped taking LSD 1 year ago.

On examination, visual acuity was 20/20 OU. A photostress test gave normal recovery times. Anterior segment examination findings were normal. The pupils responded normally. Intraocular pressure was 15 OU. Visual fields were full to confrontation. The lenses were clear. Dilated fundus examination showed normal discs, maculae, vessels, and periphery.

Farnsworth-Munsell 100-Hue color vision testing gave normal results in each eye. An electroretinogram gave normal responses for both rods and cones. Fluorescein angiographic findings were normal.

The findings ruled out a cone dystrophy as a cause for the patient's visual problems. It was suggested she be evaluated by a neuroophthalmologist or neurologist to look for other possible causes of these phenomena, such as migraine or other cortical processes.

Discussion

Although the psychiatric literature is replete with papers about visual phenomena associated with past drug use, particularly LSD, only four papers on this topic in the ophthalmic literature could be found.^{1–4} A neurologic evaluation is warranted, and if this is negative, one can presume the cause is a drug-related visual phenomenon. The visual phenomena may last for a number of years after cessation of drug use. Obtaining a history of drug use in patients with similar visual symptoms may be helpful in correctly diagnosing the cause. The subject of this case report and other reports in the literature were often using several illicit drugs, so there might be an additive effect. Palinopsia has also been reported in association with the use of antidepressants⁵ and of clomiphene (for infertility).⁶ Thus, a history of medications as well as illicit drug use may be helpful in the assessment of palinopsia.

Key words: Palinopsia, Afterimages, Photophobia, LSD

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