LETTERS TO THE JOURNAL

Sir.

Subhyaloid Haemorrhage with Fluoxetine

We report a case of subhyaloid haemorrhage which occurred in a patient receiving fluoxetine (Prozac; Dista). The drug is known to cause disorders of platelet function and bleeding. This case is the first description in the literature of subhyaloid haemorrhage, although there have been reports of 'eye haemorrhage' reported to the drug's manufacturer.

Case Report

A 51-year-old woman was started on 20 mg fluoxetine daily for mild depression. There was no past medical history of note and in particular there was no history of abnormal bleeding, hypertension or diabetes. She had no recent or concurrent medical treatment. One week later she noticed floaters and flashing lights in her right eye, followed by loss of vision in that eye. There was mild discomfort around the eye but she felt otherwise well.

When examined there was no meningism and blood pressure was 140/80 mmHg. The only abnormal findings were impaired visual acuity (finger counting) in the right eye with a large subhyaloid haemorrhage involving the macula and haemorrhages along the vessels. The fundus and acuity in the left eye were normal.

Fluorescein angiography confirmed the subhyaloid haemorrhage but showed no evidence of vasculitis. A computerised tomogram scan of the brain, plasma glucose, renal and liver function tests, autoantibody screen, plasma viscosity and blood count (including platelet count) were normal apart from a slightly high mean corpuscular volume. Serum vitamin B_{12} and folate levels were normal. The fluoxetine was stopped and she was treated with ethamsylate. The haemorrhages slowly resolved and visual acuity returned to normal.

It was considered unethical to rechallenge with fluoxetine so we cannot attribute with certainty this adverse event to the drug. However, we found no other cause for the haemorrhage, which occurred soon after the start of treatment with fluoxetine and has improved since withdrawal of the drug.

Discussion

The serotonin reuptake inhibitor fluoxetine is a widely prescribed antidepressant. It reduces platelet stores of serotonin, inhibits platelet aggregation and prolongs the bleeding time without causing thrombocytopenia. Serious haemorrhagic complications, including one case of death resulting from haemorrhage, have been attributed to fluoxetine. Dista Products Ltd, the manufacturer of fluoxetine, informed us that 'during clinical trials [with the drug] eye haemorrhage was reported rarely'.

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References

- 1. Alderman CP, Moritz CK, Ben-Tovim DI. Abnormal platelet aggregation associated with fluoxetine therapy. Ann Pharmacother 1992;26:1517–9.
- 2. Humphries JE, Wheby MS, VandenBerg SR. Fluoxetin and the bleeding time. Arch Pathol Lab Med 1990; 114:727–8.
- Yaryura-Tobias JA, Kirschen H, Ninan P, Mosberg HJ. Fluoxetin and bleeding in obsessive-compulsive disorder [letter]. Am J Psychiatry 1991;148:949.
- Evans TG, Buys SS, Rodgers GM. Acquired abnormalities of platelet function [letter]. N Engl J Med 1991; 324:1671.

Sir.

Patient Perceptions of Cataract Surgery Pre-operatively

Cataract surgery is the most commonly performed intraocular operation. Awareness of patients' perceptions, anxieties, expectations and knowledge regarding the procedure is essential if ophthalmologists are to assist patients in providing informed consent. It is the duty of the surgeon to provide a description of the proposed treatment and the potential risks associated with it.

We present the results of a survey investigating patient perceptions of cataract surgery pre-opera-