

Re: Discontinuing nasal steroids might lower intraocular pressure in glaucoma

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Sir,

A paper published by Bui *et al.*¹ described how the discontinuation of nasal steroid spray might be associated with lower intraocular pressure (IOP) in patients with glaucoma.

In our department, we had recently a case of a 45-year-old female patient with chronic rhinosinusitis, and a history of right primary open angle glaucoma and left ocular hypertension. Her IOP was 19 and 18 mmHg for right and left eyes, respectively. After being treated with nasal steroid spray, patient had an increase of IOP in both eyes (35 and 29 mmHg for the right and left eyes, respectively). Although the patient was treated with corzamide – timolol and lumigan eye drops, her IOP remained continuously high. After discontinuing nasal steroids, IOP decreased to 26 mmHg in the right, and 21 mmHg in the left eye. In the literature, the increased risk of ocular hypertension or open-angle glaucoma in patients with prolonged use of inhaled and nasal corticosteroids has been described, which suggests monitoring of IOP is required in those patients.²

Most of ENT doctors have as prescription guidance the British National Formulary³ (BNF). In the paragraph of cautions it is not mentioned any precaution on the use of nasal steroids in patients with high IOP. However, under the paragraph of side-effects it is described that 'rarely' symptoms, such as previously described, occur with the use of nasal steroids.

Although it has been postulated that the short term administration of nasal steroids does not cause significant IOP elevation,⁴ we suggest the possibility in glaucoma patients being clearly indicated under the section of cautions in the BNF, and the avoidance of nasal steroids

in high IOP. Most ENT doctors, although being familiar with side-effects of corticosteroids,⁵ could overlook and prescribe nasal steroid spray in patients with a history of increased IOP, but the case described highlights the deleterious effects of doing so.

Conflict of interest

None to declare.

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The cited authors have not been invited to respond.