

Qsymia™ Induced Bilateral Acute Angle-Closure Glaucoma

Cheema, Baljash, BS¹, Collings, Jamie, MD¹, Cheema, Navneet, MD²

1. Northwestern Feinberg School of Medicine, Chicago, IL USA; 2. Toxikon Consortium, Chicago, IL USA

Background

- One third of North Americans are obese.
- Qsymia™ (phentermine/topiramate ER combination) was approved by the FDA in 2012 for the treatment of obesity.

Case Report

- 38 y.o. obese F p/w blurry vision, eye pain, flashes of light x 1 day. Began taking Qsymia™ 7 days prior.
- No headache, n/v, or eye trauma.
- PMH: Denies Meds: Denies
- Vitals and CBC/Chemistry within normal limits.
- Eye exam: See Table I
- Diagnosed w/ bilateral acute angle-closure glaucoma (BAACG)
- Treated w/ brominodine, metoprolol, mannitol, methylprednisolone sodium succinate, and homatropine.
- Discharged 24 hours later with improved IOPs (See Table I).

Case Discussion

- Our patient experienced BAACG one week after starting to use Qsymia™, a once daily medication which contains 3.75mg of phentermine and 23mg of topiramate.
- BAACG has been described secondary to topiramate, but to our knowledge has not been described for Qsymia™ in the toxicology literature.
- Phentermine has not been associated with BAACG.
- The mechanism is hypothesized to be a uveal effusion leading to anterior displacement of the lens-iris diaphragm, resulting in miopization and reduction of anterior chamber depth.

Conclusion

This case report highlights the potential of a new FDA approved weight loss medication, Qsymia™, to be associated with BAACG.

Table I:	OD	OS
Visual Acuity	20/200	20/100
Conjunctiva	Injected	Injected
Extra ocular movements	Intact	Intact
Retina & Optic Nerve	Normal	Normal
IOP	48 mmHg	48 mmHg
IOP post treatment	22 mmHg	21 mmHg

