

# Comment on oxaliplatin-induced papilledema: Rare case report

Dear Editor,

We went through the article titled “Oxaliplatin-induced papilledema: Rare case report” by Jayasri *et al.*<sup>[1]</sup> We have made a few observations. The term papilledema should be exclusively used when disc edema is secondary to raised intracranial tension. In the present case, raised intracranial pressure was ruled out by normal cerebrospinal fluid opening pressure on lumbar puncture. We feel bilateral disc edema will be the correct term to use here instead of papilledema. Toxic optic neuropathy secondary to oxaliplatin seems to be the most plausible cause of bilateral optic nerve damage in this case. However, other causes, including ischemic optic neuropathy, need to be ruled out. The authors have mentioned that their patient is a 72-year-old male with Stage III rectal carcinoma. In the abstract, the age is mentioned as 70 years. The authors have not mentioned if the patient suffered from any other comorbid conditions. Other than the investigations done, information about a few other tests, such as complete blood counts, lipid profile, C-reactive protein, blood sugar, and serum homocysteine, should also have been provided.

The authors have mentioned that 2 months following the initiation of chemotherapy, the patient complained of giddiness and reduced visual acuity. His renal function was also deranged. It will be informative to know if the blood pressure of the patient was normal at this stage. A sudden rise in blood pressure can lead to optic neuropathy and can present with bilateral disc edema. The fields performed in this case showed centrocecal scotoma. Centrocecal scotoma has been reported in patients with anterior ischemic optic neuropathy.<sup>[2]</sup> Turner and Harrison<sup>[3]</sup> have reported bilateral optic disc edema and optic neuropathy in a 57-year-old patient of colorectal cancer being treated with oxaliplatin, 5-Fluorouracil, and leucovorin. The authors postulated that 5-fluorouracil induced arterial vasospasm might have resulted in bilateral disc edema and field defects in their case. In the present case too, the patient was treated with similar medications. The authors should try to look into any causative role of 5-fluorouracil in their case.

Finally, the authors have mentioned that Oxaliplatin was stopped, and the patient was treated on oral prednisolone in a tapering dose over 6 months. It was only 2 months when visual symptoms started, and oxaliplatin was stopped. It will be informative to know how the systemic disease fared and if there was any recurrence or metastasis of the carcinoma following cessation of oxaliplatin.

## Financial support and sponsorship

Nil.

## Conflicts of interest

There are no conflicts of interest.

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**Submitted:** 26-Jun-2023

**Revised:** 20-Aug-2023

**Accepted:** 27-Aug-2023

**Published:** 12-Oct-2023

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<b>Quick Response Code:</b> 	<b>Website:</b> <a href="http://www.saudijophthalmol.org">www.saudijophthalmol.org</a>
	<b>DOI:</b> <a href="https://doi.org/10.4103/sjopt.sjopt_138_23">10.4103/sjopt.sjopt_138_23</a>

**How to cite this article:** Panigrahi PK, Syal AD. Comment on oxaliplatin-induced papilledema: Rare case report. *Saudi J Ophthalmol* 2024;38:95.

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