

Uveitis

**A RARE CASE OF VEMURAFENIB-INDUCED SEVERE IRITIS WITH VITREOUS SPILLOVER IN BRAF-POSITIVE ERDHEIM-CHESTER DISEASE (ECD)**

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**PURPOSE:**

To report a potential side effect of a novel drug in the treatment of ECD

**METHODS:**

Case report

**RESULTS:**

A 66-year-old male with a recent diagnosis of ECD who was initiated on vemurafenib 14 weeks ago presented with a 3-day history of right eye pain, redness and blurring of vision.

Visual acuity was hand movements in the right and 6/7.5 in the left eye. Intraocular pressures were normal. Anterior segment examination revealed an injected right eye with non-granulomatous keratic precipitates. The anterior chamber had 3+ cells, flare and fibrin. Marked vitreous haze was noted.

Extensive systemic investigations were performed. Blood tests for infection and lymphoma were negative except for erythrocyte sedimentation ratio, which increased from 15 (6 months prior) to 106. HLA-B27 antigen returned positive, but the clinical picture was atypical of a HLA-B27-associated uveitis.

He was treated with intensive topical steroids with topical antibiotic cover and mydriatics. His haematologist suggested continuing vemurafenib unless treatment was futile. After noting clinical improvement after a day of topical steroids, he was started on oral prednisolone, eventually achieving a quiescent state whilst on vemurafenib.

**CONCLUSIONS:**

Vemurafenib is a potent oral BRAFV600 inhibitor effective against advanced cutaneous melanoma and ECD. With increased use of this novel drug, it is important for clinicians to realise the potential side effects of this medication. In such cases where treatment is crucial for malignancies, it is often a dilemma between stopping treatment versus treating symptomatically. Our patient was fortunate that his symptoms resolved despite continuing with the drug.

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