



WHAT IS THIS MONTH'S MYSTERY CONDITION? Visit aao.org/eyenet to make your diagnosis in the comments.

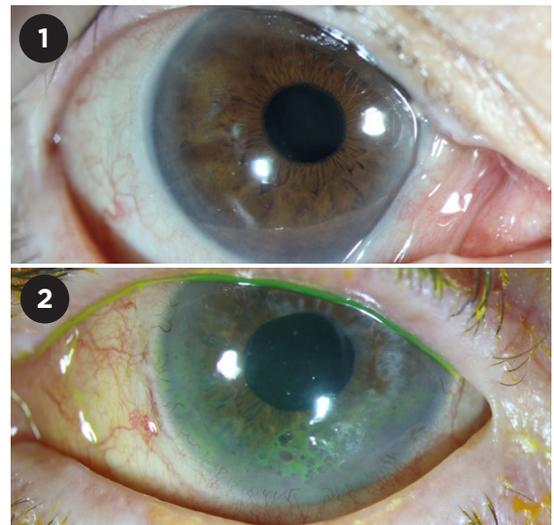
LAST MONTH'S BLINK

Netarsudil-Associated Reticular Bullous Epithelial Edema

An 86-year-old woman with primary open-angle glaucoma presented to the clinic for an IOP check. She had presented one month earlier for decreased VA from 20/30 to 20/200 and was found to have microcystic corneal edema and IOP of 33 mm Hg in the left eye for which she was started on netarsudil .02% drops.

At the one-month follow-up, IOP in her left eye had improved to 26 mm Hg and VA was stable at 20/200. On exam of the left eye, she was found to have 1+ conjunctival injection and reticular bullous epithelial edema inferiorly consistent with netarsudil use (Fig. 2). The fellow eye did not have corneal edema (Fig. 1), and VA was unchanged at 20/200 secondary to advanced age-related macular degeneration. Netarsudil was stopped, and the patient was placed on pilocarpine instead. On six-week follow-up, her edema had resolved and her IOP was 15 mm Hg in the left eye.

Reticular bullous epithelial edema and conjunctival hyperemia have been described in patients using netarsudil, a Rho kinase inhibitor.¹ Reticular bullous epithelial edema has been seen in those who have a history of corneal edema, as in our patient. The epithelial bullae typically disappear within four to six weeks of stopping the drop.² Unlike the other characteristic signs of netarsudil use, such as cornea verticillata or



conjunctival hyperemia, this adverse effect is often visually significant.^{2,3}

1 Rao VP, Epstein DL. *BioDrugs*. 2007;21(3):167-177.

2 Tran JA et al. *Am J Ophthalmol Case Rep*. 2022;25:101287.

3 Wisely CE et al. *Am J Ophthalmol*. 2020;217:20-26.

WRITTEN BY **ARASH M. DAVANIAN, DO**, GLAUCOMA CENTER OF TEXAS, DALLAS, AND **ERIC BROWN, MD, PHD**, VANDERBILT EYE INSTITUTE, NASHVILLE, TENN. PHOTO BY **GARVIN MUNN**, VANDERBILT EYE INSTITUTE.