

Recurrent uveitis due to sildenafil usage in a patient with Behçet's disease

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Abstract Behçet's disease (BD) may cause uveitis and retinal vasculitis in nearly half of the patients. Uveitis is one of the most serious complications that can lead to blindness. Sildenafil (Viagra(R)) and the other phosphodiesterase type 5 (PDE5) inhibitors are the first-line options for the treatment of erectile dysfunction, but transient visual symptoms and serious ocular side effects have been reported in PDE5 inhibitor users. Herein, we report a case with BD who applied to our outpatient unit with recurrent uveitis after sildenafil therapy.

Keywords Behçet's disease · Sildenafil · Uveitis

To The Editor,

Here, we present a 38-year-old male patient known to have Behçet's disease (BD) for 15 years and applied to our outpatient unit with left-sided posterior uveitis attack after usage of sildenafil. That was the sixth posterior uveitis attack at the same eye, and he never had any uveitis attack for the first 12 years of the disease, but after he had begun to take sildenafil for impotence, he experienced 6 attacks every time after taking the second or third dose of sildenafil.

Sildenafil (Viagra(R)) and the other phosphodiesterase type 5 (PDE5) inhibitors are the first-line options for the treatment of erectile dysfunction. Transient visual symptoms such as change in color perception and increased light

sensitivity occur in 3–11% of sildenafil users. Serious ocular side effects such as nonarteritic ischemic optic neuropathy and cilio-retinal artery occlusion have rarely been reported in PDE5 inhibitor users [1].

Behçet's disease may cause posterior or anterior uveitis and also retinal vasculitis, and nearly half of the patients experience ocular complications at least once during the disease period [2]. Uveitis in BD is one of the most serious complications to cause disability and mostly leads to blindness. Therefore, the treatment and also prophylaxis of uveitis is very important in BD.

Herein, we report a case with BD and recurrent uveitis after sildenafil therapy. To our knowledge, this is the first case that reports uveitis as the side effect of sildenafil.

In conclusion, as the patients with BD are under high risk for ocular complications, drugs that may cause ocular side effects may be avoided.

References

1. Santaella RM, Fraunfelder FW (2007) Ocular adverse effects associated with systemic medications: recognition and management. *Drugs* 67:75–93
2. Hatemi G, Silman A, Bang D et al (2008) EULAR Expert Committee. EULAR recommendations for the management of Behçet disease. *Ann Rheum Dis* 67:1656–1662

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